ANNUAL REPORT 1993-94

MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA

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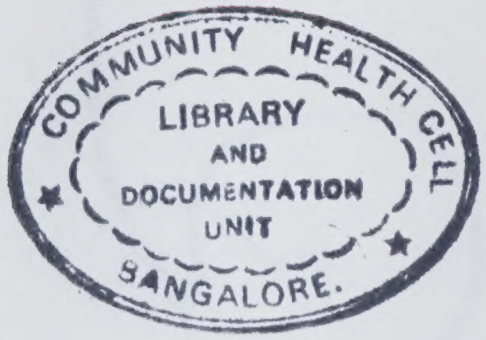

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ANNEXURES

Cover design by Shri Chand Chaudhary.

PART—I

Counselling for Family Welfare

DEPARTMENT OF FAMILY WELFARE

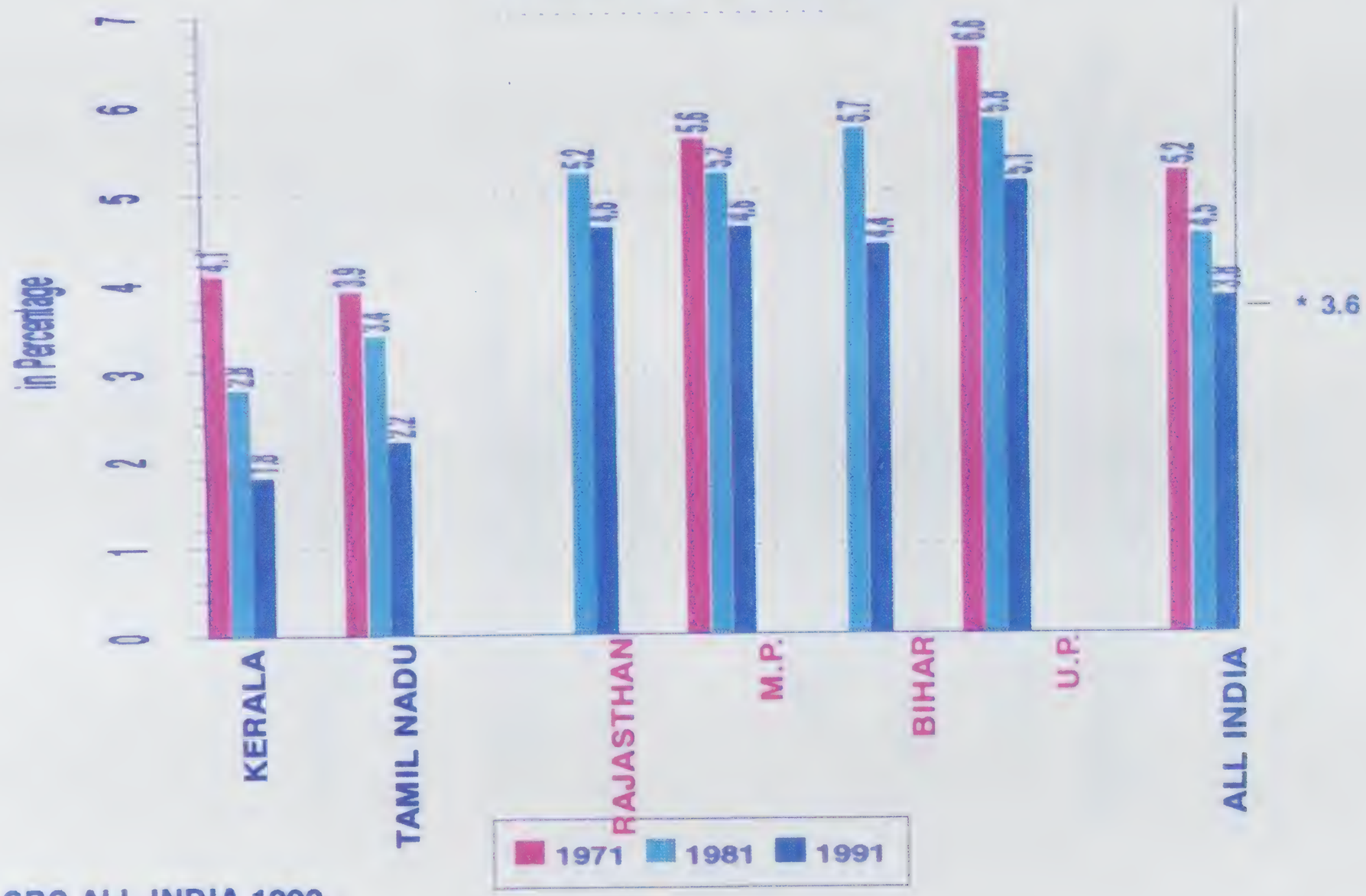
The President, Dr. Shanker Dayal Sharma releasing the Two-Rupee coin with the slogan 'Chhota Pariwar Khushian Aapar' on the occasion of the World Population Day, 11th July, 1993.

POPULATION OF INDIA

Source : Census of INDIA, $ Standing Committee Projection 1989, * SRS 1992

TOTAL FERTILITY RATE (SRS Estimates)

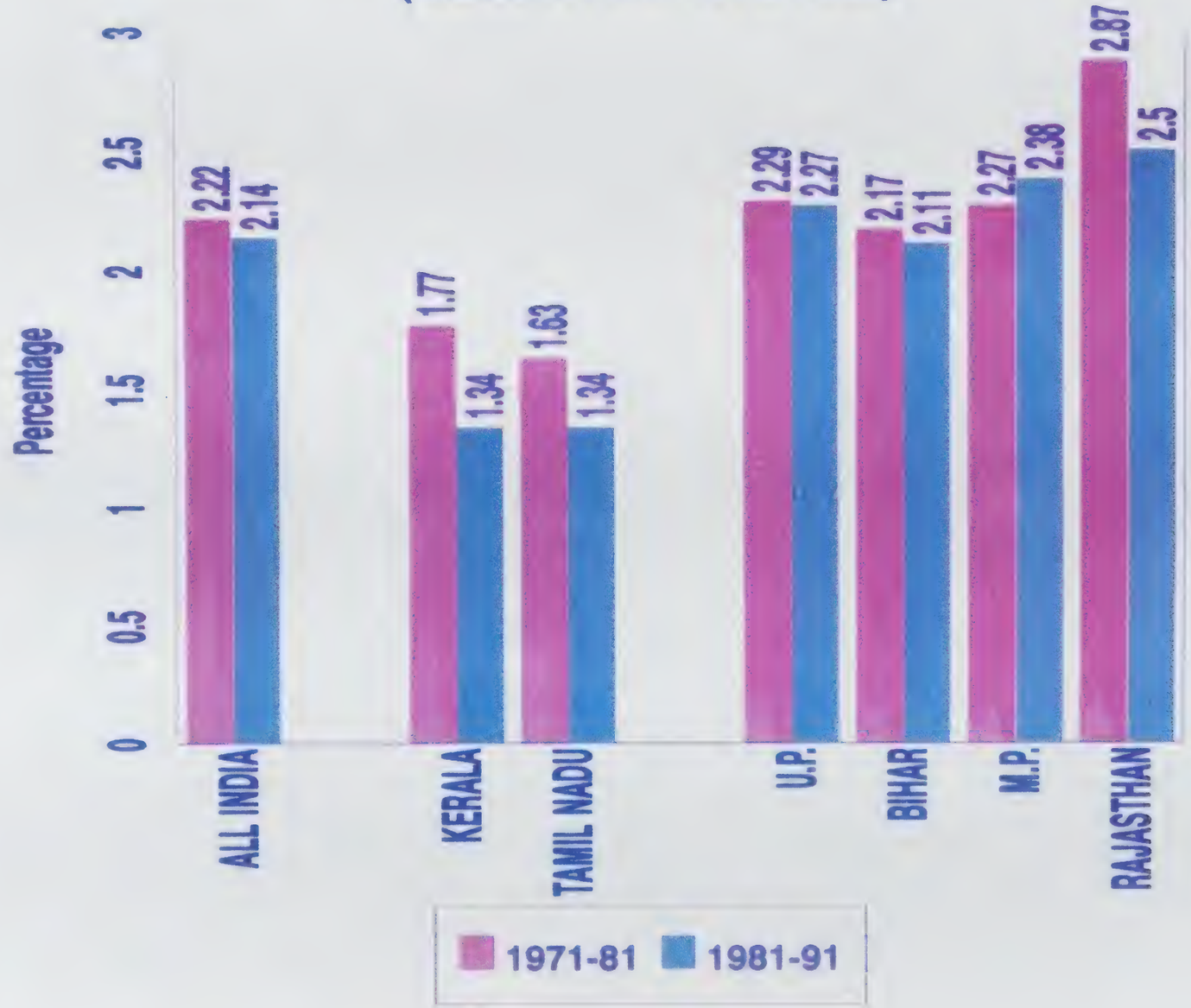
(SELECTED STATES)



* SRS ALL INDIA 1992

ANNUAL EXPONENTIAL RATE OF GROWTH(%)

(SELECTED STATES)



HIGHLIGHTS

Shri B. Shankaranand and Shri Paban Singh Ghatowar assumed charge as Minister and Deputy Minister respectively on January 19, 1993. Dr. C. Silvera has assumed charge as Minister of State on February 18, 1994.

1.1.2 The population of the country was 846.3 million on 1st March, 1991 (1991 Census) as against 683.3 million in 1981. The absolute addition to the population in the decade of 1981-91 was 163 million, which is almost equal to the population added during the three decades 1931-41, 1941-51 and 1951-61. The annual average exponential growth rate of population has come down marginally from 2.22% during 1971-81 to 2.14% during 1981-91. The sex ratio (number of females for every 1000 males), which was 934 in 1981, declined to 927 in 1991. The literacy rate among females went up from 29.75% in 1981 to 39.29 in 1991. The high growth of population is likely to over-shadow the achievements that the nation has made on the economic front. Every year around 17 million people are added to the population, which creates a demand for additional resources for clothing, housing, food, education, health, schooling, etc. With 2.4% of the world land area, India supports 16% of the world's population.

1.1.3 The provisional data from the Sample Registration System (SRS) for 1992 indicate that the estimated annual live birth rate has gone down to 29.0 from 29.5 in 1991. Within this, however, the States exhibit a wide variation in the estimated live birth rates. The States of Kerala and Tamil Nadu have returned live birth rates of 17.5 and 20.7 respectively. The States of Assam, Bihar, Haryana, Madhya Pradesh, Rajasthan and the Union Territory of Dadra & Nagar Haveli have returned live birth rates significantly in excess of the national average. In the rural areas, the birth rates are significantly in excess of the national average. In the rural areas, the birth rate continues to be higher (30.7), as compared to

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urban areas (23.1). The death rate has gone up marginally to 10.0 in 1992, as compared to 9.8 in 1991. The Infant Mortality Rate for the 16 bigger States had dropped to 79 from 80 in 1991. The drop is significant. Within this, however, the States again display a wide variation in the Infant Mortality Rates. The States of Madhya Pradesh (IMR 104), Orissa (IMR 114), Rajasthan (IMR 89) and Uttar Pradesh (IMR 98) display Infant Mortality Rate significantly in excess of the national average. The natural growth rate, which is the difference between birth rates and death rates SRS data shows a decline from 1.97% in 1991 to 1.9% in 1992.

1.1.4 The achievements of the Family Welfare Programme since its inception are given below.

ACHIEVEMENTS OF THE FAMILY WELFARE PROGRAMME

S. No.	*Parameter*	*1951-61*	*1981*	*199₁*
1.	Birth Rate	41.7	37.2	29.0 SRS 92
2.	Death Rate	22.8	15.0	10.0 SRS 92
3.	Total Fertility Rate	5.97	4.5	3.8 SRS 90
4.	Infant Mortality Rate (per 1000 live births)	146.0	110.0	79.0 SRS 92
5.	Couple Protection Rate (percent)	10.4 (1970-71)	22.8	43.4 31.3.93
6.	Cumulative Number of Births Averted (in million)	0.4	43.4	155.0 31.3.93

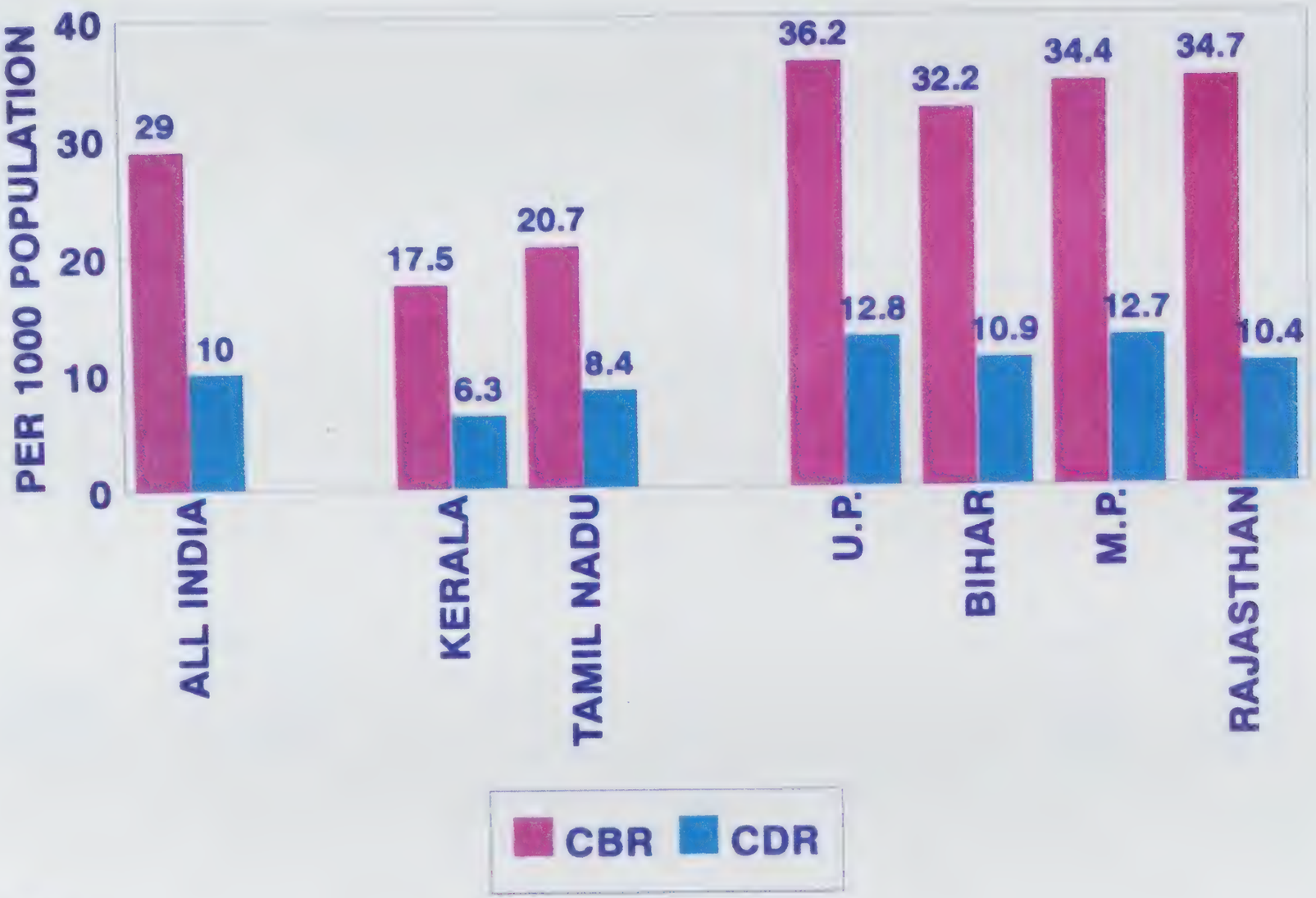
1.1.5 If the averted births had taken place during 1981-91, the growth rate of population could have been 2.71% per annum as against 2.14% as enumerated in the census.

1.1.6 The Eighth Plan document of the Planning Commission estimates that the growth rate of population should be 1.78% by the end of Eighth Plan, i.e. 1997 and should come down to 1.65% during 1996 to 2001. It has been reckoned that the NRR:1 level may be attained only in the period 2011 to 2016 A.D. India's fertility and mortality levels and the age distribution of the population are such that even after attaining NRR:1 in the above period, the zero growth rate of population (stabilisation of population) may be achieved only after several decades.

1.2 The Child Survival and Safe Motherhood Programme

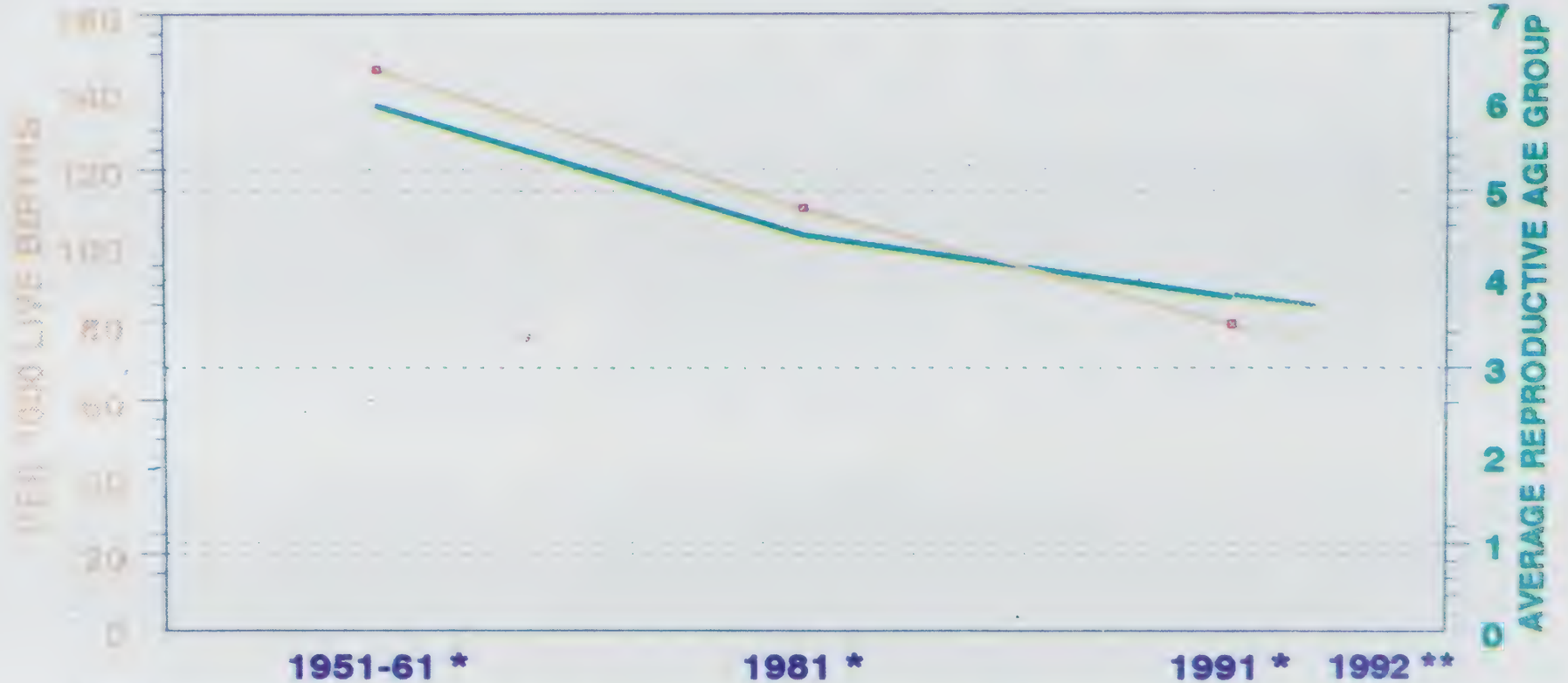
1.2.1 A new Child Survival and Safe Motherhood Project (CSSM) is under implementation since 1992-93. It involves

CRUDE BIRTH & DEATH RATES(SRS 1992)



Source: SRS

ACHIEVEMENTS UNDER FAMILY WELFARE PROGRAMME



	1951-61 *	1981 *	1991 *	1992 **
IMR	146	110	80	79
TFR	5.97	4.5	3.8	3.6

* Source : Census
** Source :SRS

sustaining the high coverage levels achieved under UIP in good performing areas and strengthening the programme in areas where the coverage is still not satisfactory. It also provides for augmenting various activities under the Oral Rehydration Therapy (ORT) programme, universalizing the prophylaxis schemes for the control of anaemia in children and pregnant women and control of blindness in children and initiating a programme of control of Acute Respiratory Infections (ARI) in children. Under the Safe Motherhood Component, training of traditional birth attendants in selected high IMR/MMR districts, provision of aseptic delivery sets and strengthening of first referral units to deal with high risk and obstetric emergencies are being taken up.

1.2.2 Under the Child Survival Component the UIP, ORT and Prophylaxis schemes and essential maternal care at the community level are already being implemented in all districts of the country. Additional activities related to ARI control has been taken up in 51 districts in 1992-93 and 103 districts in 1993-94. The Safe Motherhood component of the Programme is being implemented in a phased manner starting with 21 districts in the year 1992-93. Another 30 districts have been taken up in 1993-94.

1.2.3 The CSSM Programme approved for a period of 7 years with an outlay of Rs. 1125.58 crore, is being supported by UNICEF and the World Bank. The approved outlay for the Programme in the 8th Plan has been kept at Rs. 633.00 crore only. During the year 1992-93, the estimated cash and commodity assistance to the States / UTs has been calculated at Rs. 100.73 crore. For the year 1993-94, the Programme has been provided with an outlay of Rs. 125 crore.

1.3 Non-Governmental Organisations

1.3.1 Schemes for the involvement of NGOs/voluntary organisations have been revamped, to provide for greater community participation. The new schemes have a clear thrust towards promoting spacing methods for ensuring population stabilisation. Closer involvement of organised sector in adoption of areas and in taking family planning programmes outside their own employees are being promoted.

1.4 Information, Education and Communication (IEC)

1.4.1 A new approach has been given to the Information, Education and Communication on the family welfare programme with greater emphasis on interactive local specific software and field activities with concentration in the identified weak States and Districts. Inter-personal communication at the grass-root level is being strengthened by giving impetus to training of Mahila Swasthya Sangh members, organising Opinion Leaders Sensitisation Camps and extending the IEC training scheme to cover additional States and Districts. Video Vans are being used in a big way to ensure exposure of rural population to the enter-educate electronic media software. Streetplays and other folk formats are being extensively organised to disseminate the message of population control, family planning and mother and child health.

1.5 U.P. Project

1.5.1 An USAID assisted project named 'Innovations in Family Planning Services in U.P.' has been launched in the State of Uttar Pradesh. The project will cost U.S. $ 325 million over a period of ten years and has the following goals:-

(i) Decline in total Fertility Rate from 5.4 to 4; and
(ii) Increase in the Couple Protection Rate from 35% to 50%.

1.6 Social Safety Net

1.6.1 The Department of Family Welfare has identified 90 poor performing districts categorised by high birth rates, high infant

mortality rates and low level of institutional delivery. 83 of these districts are located in the States of Uttar Pradesh, Madhya Pradesh, Bihar and Rajasthan. To reduce the high maternal mortality rate, increase institutional deliveries and provide care to high risk pregnancies, it has been decided to utilise the entire assistance likely to be available under the World Bank's Social Safety Net Programme over a period of five years from 1992-93, on upgradation of facilities at the rate of Rs.10 lakh per PHC and five PHCs per selected districts per year.

1.6.2 The items on which this assistance are to be utilised are a well-equipped operation theatre, a labour room, an observation ward with six beds, two quarters for the LHV and ANM, a generator, running water supply and one ambulance per block. Rs.45 crore has been released each year to the States in 1992-93 and 1993-94. The State Governments have been given flexibility in implementation of this Scheme to avoid overlapping with other programmes. Action for construction work is in advanced stage in most States. Posting of lady doctors and training of doctors is also under progress.

1.7 Area Projects

1.7.1 Currently, 11 Area Projects are being implemented in 15 States and the U.T. of Delhi at a total cost of Rs.1190.18 crore, with financial assistance from World Bank, United Nations Fund for Population Activities (UNFPA), Overseas Development Administration (ODA) and Danish International Development Agency (DANIDA). These projects have contributed substantially to the strengthening of the Health and Family Welfare infrastructure in the States. As many as 13,630 sub-Centres, 350 PHCs/CHCs/LHV quarters and 159 Training Institutions have been constructed and equipped under projects upto Oct., 1993. In addition, about 3.43 lakh medical and para-medical functionaries have been trained.

1.7.2 The mid-term and end line evaluation studies of Area Projects have indicated that the Projects have contributed significantly towards the development of the physical infrastructural facilities in the Project Area, in addition to improvements in the quality of delivery of Health and Family Welfare Services to the people leading to substantial reduction in birth rate and Maternal and Child Mortality.

ORGANISATION

The Department of Family Welfare is headed by a Secretary to the Government of India. The Secretary, Family Welfare is assisted by three Joint Secretaries who look after various programmes being implemented by the Department.

2.1.2 Policy Formulation, Technical Operation, Intelligence and Evaluation, Planning and Budget Formulating; Autonomous Bodies and Subordinate Offices; Supply of Contraceptives; International Aid for Family Welfare; Urban Family Welfare Programme and Contraceptive Research Programmes are looked after through various divisions under a Joint Secretary.

2.1.3 Maternal and Child Health Services including Child Survival Programmes like Universal Immunization, Control of Acute Respiratory Infections, Oral Rehydration Therapy Programmes, Related Training Programmes and special Area Development Projects in selected States/ Districts are also under the charge of a Joint Secretary.

2.1.4 Administration and Finance are jointly looked after for both the Departments of Health and Family Welfare in the Ministry.

2.1.5 Information, Education and Communication; Rural Health Services including Village Health Guide Scheme and Training of Medical and Para Medical Personnel, setting up of Sub-Centres, monitoring of setting up Primary Health Centres, Community Health Centres; Voluntary Organisations and Cooperatives and Organised Sectors are looked after by another Joint Secretary.

2.1.6 The Department directly operates one subordirate office and three autonomous bodies/ PSUs. Various regional offices under the control of Director General of Health Services also form part of the overall organisation.

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2.1.7 The following Technical Divisions

are functioning in the Department:-

i) Programme Appraisal and Special Schemes;

ii) Technical Operations;

iii) Maternal and Child Health;

iv) Evaluation and Intelligence;

v) Information, Education and Communication;

vi) Supply Division;

vii) Transport;

viii) Universal Immunisation Programme;

ix) Area Projects; and

x) Rural Health Division.

2.1.8 The Technical Divisions look after the technical aspects of family planning. Evaluation and Intelligence Division help in perspective planning and monitoring and evaluation of the performance of various programmes. It coordinates demographic research. The Rural Health Division looks after health infrastructure at the periphery level, overseas training and extension components and facilities and services.

2.1.9 The IEC Division is responsible for providing communication, educational publicity and extension support to the programme through Mass Education and Extension Education with emphasis on inter-personal communication. It is also looking after population education activities.

Increasing the coverage of low parity eligible persons through promotion of spacing methods is an important policy initiative.

Promoting child survival through proper monitoring of growth.

NATIONAL FAMILY WELFARE PROGRAMME

CHAPTER-III

The National Family Welfare Programme was launched in India in 1951 with the objective of reducing the birth rate to the extent necessary to stabilise the population at a level consistent with the requirement of the national economy. In keeping with the democratic traditions of the country, the Family Welfare Programme seeks to promote responsible and planned parenthood through voluntary and free choice of family planning methods, best suited to individual acceptors. People's participation is sought through local self-government including voluntary organisations and opinion leaders at different levels. Imaginative use of mass media and interpersonal communication is made for highlighting the benefits of small family norm and removal of socio-cultural barriers for adoption of family limitation programmes.

3.1.2 The long-term demographic goals, as laid down in the National Health Policy (1983), is to achieve a Net Reproductive Rate of Unity (NRR-1) by the year 2000 A.D. This corresponds to achieving a birth rate of 21 per thousand, death rate of 9 per thousand and natural population growth rate of 1.2%. The National Health Policy also envisages reducing infant mortality rate to below 60 per thousand live births by the turn of the century.

3.1.3 The Seventh Plan Document visualised that the goal of reaching NRR-1 may be achievable only in the period 2006-2011 A.D.

3.1.4 Keeping in view the present levels of achievement, it has been stated in the Eighth Five Year Plan Document that NRR-1 would now be achievable only in the period 2011-16 A.D. The goals to be achieved by the end of the Eighth Plan under the Family Welfare Programme are given below:

Indicator	*Goal to be achieved by end of Eighth Plan*
a) Crude Birth Rate (per 1000 population)	26.0

b) Infant Mortality Rate (per 1000 live births)	70.0
c) Couple Protection Rate	56%

3.1.5 The Sample Registration System for 1992 brings out the marked inter-State variation points to the need for differential strategies and greater efforts on the part of States, which have recorded Infant Mortality Rates and live birth rates significantly above the national average.

3.2 Policy Initiatives

3.2.1 *Action Plan:* To impart dynamism to the Family Welfare Programme, a result-oriented Action Plan has been evolved by the Ministry of Health and Family Welfare in close consultation with the States/UTs. It was unanimously endorsed in the conference of Health Ministers held at New Delhi on 6-7 January, 1992. The Action Plan highlights the need for evolving a national consensus in support of the Family Welfare Programme and to obtain the willing participation of all sections of the society. Its key features include, (i) improving the quality and outreach of family welfare services; (ii) differential strategy for special focus on 90 poor performing districts (birth rate of 39 per thousand population and above as per 1981 census); (iii) developing a mechanism to make available funds to States/UTs on the basis of reduction of actual birth rate; (iv) increasing the coverage of younger age couples through vigorous promotion of spacing methods; (v) introducing new contraceptives and improving the quality of contraceptives; (vi) strengthening family welfare schemes in urban areas, especially in slum pockets; (vii) revitalising training activities of medical/para medical personnel with emphasis on motivational and counselling aspects; (viii) sustaining the good work done under the Universal Immunisation Programme and strengthening of other interventions for Maternal and Child Health Care; (ix) re-orientation of information, education and communication efforts to focus on the quality of life issues and inter-personal communications; (x) involving voluntary and non-governmental organisations in a big way to promote active community participation in the Programme; (xi) gearing up of the implementation machinery in the States/UTs; and (xii) evolving high level inter-sectoral coordination mechanism at the national, State and district levels, etc. All the States/Union Territories have been requested to operationalise the different components of the Action Plan. The progress of implementation is being periodically reviewed by the Department.

3.2.2 *Constitution of NDC Committee on Population:* It was stated in the National Health Policy (1983) that in view of the vital importance of securing a balanced growth of population, it is necessary to enunciate, separately, a National Population Policy. A National Population Policy has yet to be evolved. The National Development Council (NDC) in its meeting held on 23-24th December, 1991 gave broad approval to the strategies calling for demonstrating strong political will, evolving a national consensus in support of the population control programme, sustained administrative efforts and adopting population stabilisation measures based on a holistic and multi-sectoral approach. In pursuance of the decisions taken in the NDC, a Committee of the NDC on Population was constituted by the Planning Commission under the Chairmanship of Chief Minister, Kerala in February, 1992. The Committee was, inter-alia entrusted with the task of recommending appropriate formulations for a National Population Policy, identifying effective intervention strategies, both at macro and micro levels, on a holistic and multi-sectoral basis and suggesting mechanisms for securing commitment and support of leadership of all denominations and at all levels, for a National Population Policy and the implementation of the population control programme. The report of the Committee was endorsed by the NDC in its meeting on 18th September, 1993.

ACHIEVEMENT UNDER FAMILY WELFARE PROGRAMME

Source : SRS

COUPLE PROTECTION RATE

AS ON 31-03-93

3.2.3 *National Population Policy:* A group of experts has been set up under the Chairmanship of Dr. M.S. Swaminathan to prepare a draft of the National Population Policy. The group has met twice on 14th August and 23rd and 24th October, 1993.

3.2.4 *Prescription of Policies through Legislation, Rules and Regulations :* (i) *Introduction of the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse), Bill, 1991:* With a view to curbing the abhorrent practice of misuse of pre-natal diagnostic techniques, for determination of the sex of the foetus leading to female foeticide, a Draft Bill entitled 'Pre-natal Diagnostic Techniques' (Regulation and Prevention of Misuse) Bill, 1991 had been introduced in the Lok Sabha on 12.9.1991. It was subsequently referred to a Joint Committee under the Chairpersonship of Smt. D.K. Thara Devi Siddhartha, ex-Minister of State for Health and Family Welfare. The Committee has submitted its report during the Winter Session of the Parliament in December, 1992. The Bill, as reported by the Joint Committee, could not be taken up for consideration and will now be taken up in the Winter Session.

3.2.4 (ii) *Introduction of the Constitution (Seventh-ninth Amendment) Bill, 1992:* With a view to demonstrating strong political will and commitment for population control, the Constitution (Seventy-ninth Amendment) Bill, 1992 has been introduced in the Rajya Sabha on 22.12.1992. The Bill stipulates amendment of the Directive Principles of State Policy to provide that the State shall endeavour to promote population control; and inclusion in the Fundamental Duties, a duty to promote and adopt the small family norm by the citizens. It is also proposed that a person shall be disqualified for being chosen and for being a Member of either House of the Parliament or either House of the Legislature of a State, if he has more than two children. These amendments will, however, have prospective effect and will not apply to any person who has more than two children on the date of commencement of the proposed amendment or within a period of one year of such commencement. The Bill could not be taken up for consideration in the last Session.

3.2.5 *Action on the Constitution (Seventy Third Amendment) Act :* The Constitution (73rd Amendment) Act, 1992 has come into force with effect from 24.4.93. The Constitutional amendment stipulates constitution of panchayats at the village, intermediate and district levels. Under Articles 243 (G) of the Constitution, State Legislatures may endow the panchayats with powers and authority in respect of the subjects shown in the Eleventh Schedule to the Constitution, which include family welfare as well as related subjects like women and child development, health and sanitation, social welfare, education and maintenance of community assets.

3.2.6 A suggestive list of activities connected with family welfare that could be entrusted to the panchayats at various levels has been drawn up in consultation with the State Health Secretaries in a meeting held on 3rd September, 1993.

BUDGET OUTLAYS AND EXPENDITURE

CHAPTER-IV

The financial outlays under the programme have been increasing over the successive Five Year Plans. The Family Welfare Programme is being implemented as a Centrally Sponsored Scheme under which cent per cent assistance is provided to the States.

4.2 Expenditure in Successive Plans

4.2.1 The figures of expenditure under the programme from the First to Seventh Five Year Plans are given in Table 1.

4.2.2 The main reason for sharp increase in the volume of expenditure is that committed liabilities of the previous plans have been passed on to successive Five Year Plans. This is a unique feature of the Family Welfare Programme.

4.2.3 An allocation of Rs. 1,270.00 crore (including Rs.210.00 crore for liquidation of arrears) has been provided for 1993-94. The departmental figure of expenditure for the 7th Five Year Plan and during 1990-91, 1991-92 anticipated expenditure during 1992-93 and outlay for 1993-94 are as shown in Table 2.

4.3 Outlays for Important Schemes

4.3.1 *Rural Family Welfare Centres:* There are 5,435 Rural Family Welfare Centres, functioning in the country at present. These centres were established at all the block level PHCs sanctioned upto 1.4.80. After 1.4.1980, Family Planning Services are being provided through integrated facilities at PHCs. No further Rural Family Welfare Centres have been sanctioned. These Centres are entrusted with the responsibility of implementing the Family Welfare Programme, i.e. Planning Mobilisation Monitoring, Administration and Supervision in their areas. A provision of Rs.152.00 crore has been made in B.E. 1993-94.

4.3.2 *Sub-Centres*: In order to provide comprehensive Primary Health Care Services at the grass-root level, it is envisaged to have

one Sub-Centre for every 5,000 rural population in plain areas and 3,000 population in the tribal and hilly areas. These Sub-Centres are the only peripheral health institutions which provide basic health and family welfare services to the rural population. 1,31,118 Sub-Centres are functioning as on 30.7.93 as against 82,946 as on 1.4.85. A provision of Rs.185.00 crore has been made in B.E. 1993-94 for continuation of Sub-Centres already established.

4.3.3 *Urban Family Welfare Centres :* For providing family welfare and MCH services in urban areas, 1,529 urban family welfare centres have been sanctioned in the country. To improve the outreach service delivery system in urban slums, Urban Revamping Scheme has been introduced. The scheme of revamping of urban family welfare services envisages the reorganisation of existing Urban Family Welfare Centres / Establishment of various categories of Health Posts in the cities/towns with more than 1,00,000 population and having at least 40% of the population residing in slum areas. So far, 936 health posts under the scheme have been sanctioned by Govt. of India out of which 870 are in position.

4.3.3 (i) A provision of Rs.28.00 crore has been made in B.E. 1993-94 for maintenance of Urban Family Welfare Centres and revamping of urban level organisations.

4.3.4 *Child Survival and Safe Motherhood Project:* The Universal Immunisation Programme and other maternal and child health care programmes aim at achieving reduction in infant mortality to below 60 per thousand live births and child mortality rate to 10 per thousand by the year 2000 A.D. To move towards this direction, the following specific programmes are being implemented by the Department of Family Welfare:

(a) Universal Immunisation Programme;

(b) Oral Rehydration Therapy Programme for prevention of deaths due to dehydration; and

(c) Prophylaxis schemes against nutritional anaemia among pregnant and lactating mothers as well as children upto 5 years of age and against blindness due to Vit. A deficiency among children under 5 years of age.

4.3.4 (i) Two pilot programmes have been launched with UNICEF's financial assistance. These are:

(a) Intensified Dais Training Programme for improving prenatal and delivery care; and

(b) An intensified programme for control of Acute Respiratory Infection among children.

4.3.4 (ii) Whereas the UIP, ORT and Prophylaxis schemes are now being implemented in the entire country, the two pilot projects mentioned above are being implemented only in selected districts of the country.

4.3.4 (iii) The various child survival interventions, particularly in terms of logistics, administration and training have now been integrated into one project, namely Child Survival and Safe Motherhood Project. This project has been formally launched on the 20th August 1992.

4.3.4 (iv) The Project has the following two major components:

(a) UIP Plus package consisting of UIP, ORT, Prophylaxis schemes and ARI Control Programme; and

(b) Safe Motherhood initiatives for the six high IMR States of Assam, Bihar, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh.

4.3.4 (v) Activities related to ARI control along with training of medical and para-medical personnel (termed as Child Survival component) was initially taken up in 51 districts in 1992-93 and further extended to another 103 districts in 1993-94. Similarly, setting up of First Referral Units for improving emergency obstetric care in the States of Assam, Bihar, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh (termed as Safe Motherhood component) which was taker up in 21 districts in 1992-93 has been further extended to 32 districts during 1993-94.

4.3.4 (vi) An amount of Rs.125.00 crore has been kept in B.E. 1993-94 for this Project.

4.3.5 *Transport:* Mobility plays a crucial role in effective supervision and providing outreach service delivery system. Vehicles at various levels are provided by the Government of India to States. Assistance for maintenance for these vehicles @ Rs.15,000/- per annum per petrol-driven vehicle and Rs.9,000/- per annum per diesel-driven vehicle is provided. Besides, old unserviceable vehicles are replaced at the rate of approx. 10% of total fleet of 7,788 vehicles every year.

4.3.5 (i) A provision of Rs.15.80 crore exists in B.E. 1993-94 for maintenance of existing vehicles and replacement of old unserviceable vehicles.

4.3.6 (i) *Compensation :* To compensate acceptors of IUDs as well as terminal methods of Family Planning against the loss of wages, cash compensation at the following rates is presently admissible:

Vasectomy	Rs.180 per case
Tubectomy	Rs.200 per case
I.U.D.	Rs.12 per case (Rs.18 if the acceptor has two or less children).

4.3.6 (ii) A provision of Rs.100.00 crore exists in B.E. 1993-94 for the purpose.

4.3.7 *Post-Partum Programme:* The Post-Partum Programme is a maternity-centred hospital-based approach to Family Welfare Programme. The objective of the programme is to provide ante-natal and post-natal services to expectant mothers and also to provide family planning services. A total of 550 district level hospitals including 206 medical colleges have been covered with Post-Partum Centres. In order to detect cervical cancer among women acceptors, a scheme of PAP Smear Test facility has been introduced in 105 Medical Colleges /Institutions of the country. Encouraged with the success of the programme at district level, Post-Partum Programme was extended to sub-district level in a phased manner starting from the year 1980-81. There are 1,012 sub-district level Post-Partum Centres functioning at present.

4.3.7 (i) A provision of Rs. 49.05 crore exists for the programme in B.E.1993-94.

4.3.8 *Supplies of Contraceptives for Spacing Methods:* Recognising the fact that more younger couples are entering the reproductive age group, terminal methods of family planning, namely sterilisation cannot be advocated for them. To respond to the needs of the younger couples, various contraceptives under spacing methods of Family Planning such as oral pills, condoms, Copper T's , etc. are offered under the programme.

4.3.8 (i) A provision of Rs.125.00 crore exists in B.E. 1993-94 under the programme for supply of conventional contraceptives. Oral pills, Copper Ts and Laparoscopes -both under free and social marketing schemes.

4.3.9 *Information, Education and Communication:* In order to achieve wider adoption of Family Planning methods, a broad based information, education and communication approach has been adopted. The activities under this scheme are carried out by respective Mass Education and Media Units of the States by the IEC Division at the Centre through units of the Ministry of Information and Broadcasting and through activities of various Ministries/ Departments of the Govt. of India. These activities are coordinated and monitored by the Information, Education and Communication (IEC) Division at the Centre which prepares proto-types, formulates policies and provides guidelines and support for the operationalisation of the total media endeavour in the country to promote family welfare and popularise the small family norm.

4.3.9 (i) A provision of Rs. 25.00 crore has been kept for IEC activities during 1993-94.

4.3.10 *Training:* The success of family welfare programme depends to a large extent upon the availability of qualified and trained workers. Training is, therefore, given due weightage under the programme.

4.3.10 (i) The training at various levels is imparted through the network of ANM Training Schools, Multi-purpose worker (Male) Training Schools, LHV Training Schools and Health and Family Welfare Training Centres, Family Welfare Training Research Centre, Bombay.

4.3.10 (ii) An amount of Rs.19.70 crore has been provided in the B.E. 1993-94 for training purposes.

4.3.11 *Area Projects:* Area projects are currently being implemented in 15 States and Union Territory of Delhi with financial assistance from World Bank, UNFPA, ODA(UK) and DANIDA. A provision of Rs. 70.00 crore has been made in B.E. 1993-94 for the purpose.

4.3.12 *Village Health Guides:* The Village Health Guide Scheme aims to train local persons, preferably a woman, from the community to provide Primary Health Care, Family Planning and MCH Services to the people. Under the Scheme, a Health Guide is selected by the Village Community for every 1,000 population or a village and is provided an honorarium of Rs.50/- per month. As on 30.9.93, 3,24,727 VHGs were in position of which 0.80 lakh are males. A provision of Rs. 21 crore has been made in B.E. 1993-94 for the scheme.

4.3.13 *Research and Evaluation:* For purpose of research in contraceptives technology and demography and conducting evaluation studies, grant-in-aid is being provided to Indian Council of Medical Research, National Institute of Health and Family Welfare, Central Drugs Research Institute in Ayurveda and Siddha and Central Council for Research in Unani Medicines under the programme. A net-work of 18 population research centres is operational in various universities and institutions of National repute to conduct studies on the Family Welfare Programme, demographic and other related subjects. A small provision has also been kept in the budget for concurrent evaluation. Ad-hoc research/evaluation studies and experimental research are provided under the programme, while a National Centre for Technical Evaluation of IUDs and tubal rings has been set up at IIT, New Delhi.

4.3.13 (i) An outlay of Rs. 12.98 crore has been provided during 1993-94.

4.3.14 *Social Safety Net:* Under the Social Safety Net it is proposed to bring about:-

(i) Reduction in maternal mortality in remote rural areas to a level of 1-2/1000;

(ii) Increase the number of insttitutional deliveries is aseptic conditions; and

(iii). Bring down the Infant Mortality Rate

4.3.14 (i) This is sought to be done by providing Primary Health Centres (30,000 population) in 90 demographically poor performing districts with a well equipped operation theatre, a labour room and an observation ward with six beds, running water, power and staff quarters. The total project outlay for the year 1992-93 to 1996-97 is envisaged at Rs.320.00 crore and a provision of Rs.4000.00 lakh has been made during 1993-94.

4.3.15 *Innovations in Family Planning Services Project for Uttar Pradesh* : A project agreement was signed with the USAID on 30.9.1992 regarding the implementation of Family Welfare Project in Uttar Pradesh. The main thrust of the project is to bring down the total fertility rate in Uttar Pradesh from 5.4 to 4.0 and to increase the Contraceptive Prevalence Rate from 35% to 50% during the period of 10 years. This is to be achieved through the following interventions:-

(A) By increasing access to Family Planning Services to the population through a massive involvement of the public as well as non-governmental sector; and

(B) To improve the quality of Family Planning Services by expanding the choice of contraceptive methods and by improving the technical competence of personnel.

4.3.15 (i) The total assistance to be received under this project is to be in the order of 225 million dollars to be spent in the State for Family Planning activities, and 100 million dollars to be spent directly by the USAID in the areas of technical assistance, training, supply of contraceptive,etc. over a period of ten years. A provision of Rs.3000.00 lakh has been made for this project.

4.3.15 (ii) Details of infrastructure in the States/UTs funded under the family welfare programme (as on 30.6.93) is shown in Table 3.

4.4 Audit Inspection Report

4.4.1 As per information received upto 15th September, 1993, from various Accountant General and Director General of India, Central Revenues, the number of Audit Objections and the number of Audit Inspection Report ARI on the accounts of the Department of F.W. outstanding as on 15.9.1993 whereas under:

Inspection Reports	:	4
Audit Paras	:	10
Audit Objections	:	79

All efforts continue to be made to settle the outstanding Audit objections and Audit Inspection Report Paragraphs. An adhoc Committee has also been setup to continuously monitor the process of settlement.

TABLE 1
EXPENDITURE UNDER THE PROGRAMME FROM THE FIRST TO SEVENTH FIVE YEAR PLANS

(Rs. in crore)

Period	*Expenditure*
First Plan (1951-55)	0.14
Second Plan (1956-61)	2.15
Third Plan (1961-66)	24.86
Annual Plan (Inter Plan) 1966-69	70.46
Fourth Plan (1969-74)	284.43
Fifth Plan (1974-79)	408.98
Annual Plan (1978-79)	107.60
Annual Plan (1979-80)	118.52
Sixth Plan (1980-85)	1,425.73
Seventh Plan (1985-90)	3,105.21
Annual Plan (1990-91)	949.89
Annual Plan (1991-92)	1,022.53
1992-93*	1,186.48*

*Anticipated

TABLE 2
EXPENDITURE FOR THE SEVENTH FIVE YEAR PLAN (Rs. in crore)

Sl. No.	Name of the Scheme	Expenditure during VII Plan	Expenditure during 1990-91	1991-92	Anticepated Exp.1992-93	Outlay for 1993-94
1.	Services and Supplies	1762.37	439.97	501.21	554.94	516.87
2.	Training	23.74	7.52	8.65	8.79	8.70
3.	IEC	61.43	15.32	16.10	18.85	25.00
4.	Research and Evaluation	61.86	11.14	13.07	13.04	12.98
5.	MCH	735.52	260.57	316.39	336.75	322.75
6.	Organisatioin	63.59	10.69	13.85	14.20	10.95
7.	VHG	132.67	23.28	19.96	20.00	21.00
8.	Area Projects	264.00	81.34	133.20	73.66	70.00
9.	Other Schemes	.03	0.06	0.10	46.25	71.75
10.	Arrears	—	100.00	—	100.00	210.00
	Total	3105.21	949.89	1022.53	1186.48	1270.00

TABLE 3
DETAILS OF INFRASTRUCTURE IN THE STATES / UTs FUNDED UNDER THE FAMILY WELFARE PROGRAMME (AS ON 30-6-1993)

Sl.No	*Name of the Unit*	*No. of Units*
1.	State Family Welfare Bureau	25
2.	District Family Welfare Bureau	416
3.	Health & Family Welfare Training Centres	47
4.	Multi-purpose Workers (Male) Training Schools	80
5.	Auxiliary Nurse Midwives Training Schools	462
6.	Promotional Schools for Lady Health Visitors	44
7.	Post-Partum Centres at District Level	550
8.	Post-Partum Centres at Sub-district Level	1,012
9.	Urban Family Welfare Centres	1,529*
10.	Health Posts	870
11.	Rural Family Welfare Centres	5,435
12.	Sub-Centres	97,600#
13.	Village Health Guides (in position) as per information compiled upto 30.9.1992	3,24,727

* Includes 208 with Min. of Labour, Railways and Defence.

The actual number of Sub-Centres is 1,31,118 but only about 97,600 are Centrally funded.

Ensuring mobility of medical and para-medical functionaries.

Couples may select any contraceptive of their choice.

FACILITIES AND SERVICES

Advice, facilities and services to help eligible couples plan their families are provided free of charge in all sub-centres, PHCs, CHCs and Rural Family Welfare Centres, District Hospitals, etc. throughout the country. Services are provided through trained medical and para-medical staff.

5.1.2 All the methods of contraception are rigorously tested for ensuring their effectiveness and safety to the users, before they are introduced in the programme. Para-medical personnel involved in administering methods like IUD/Oral Pill, are suitably trained. A check-list has been provided to them for a proper selection and screening of cases. A cafeteria approach is followed. (Eligible couples may select any contraceptive of their choice offered in the National Family Planning Programme.

5.2 Procurement and Supply

5.2.1 In order to help a smooth flow of services and supplies, procurement and distribution of different contraceptives is done by the Department of Family Welfare.

5.2.2 Condoms, Oral Contraceptive Pills and IUDs are procured centrally and distributed to various States/UTs, NGOs, Railways and Defence establishments under free distribution scheme.

5.3 Condom

5.3.1 Rubber condom is a simple, reversible and non-clinical method of contraception and widely accepted by the younger age couples for spacing. Condoms are found to be effective in prevention of STD/AIDS diseases also.

5.3.2 Condoms, under brand name 'Nirodh' are made available to acceptors free of charge through Primary Health Centres, Rural Family Welfare Centres and Sub-Centres in rural areas and through hospitals, dispensaries, MCH Centres and Post-Partum Centres in Urban Areas. This Scheme will

also meet the requirements of condoms under the STD/AIDS Control Programme.

5.3.3 A quantity of 713.55 million pieces of Nirodh (free supply) has been despatched to States/UTs, Railways and Defence organisations till the end of November, 1993 against a target of 960.84 million pieces for the whole year. Regular supplies to the implementing agencies will be ensured during the remaining part of the year with a view to meeting the target.

5.3.4 Against a required quantity of 960.84 million pcs. corresponding to the target of 13.345 million CC users to be achieved by State/UT Governments and other agencies for 1993-94 a quantity of 420.60 million pcs. (provisional) has already been distributed from April 1993 to October 1993 as against 344.57 million pieces distributed during the corresponding period in 1992-93.

5.3.5 With a view to improving the quality of Indian condoms, Schedule 'R' of the Drugs and Cosmetics Rules, 1945 is being amended for ensuring that condoms conform to WHO specifications. All condom manufacturers in India have been advised to gear up for the change.

5.4 Oral Contraceptive Pills

5.4.1 Under this scheme, OCPs under brand name 'Mala-N' are distributed to the acceptors free of cost. The raw materials required for formulations of these pills are received from UNFPA as commodity assistance. Tabletting is done through indigenous pharmaceutical firms.

5.4.2 A quantity of 415.89 lakh cycles of Mala 'N' (free supply) has been supplied to States/UTs, till the end of November, 1993 against a target of 450.00 lakh cycles for the year 1993-94. Regular supplies to the implementing agencies will be continued during the remaining part of the year with a view to meeting the target.

5.5 IUDs (Copper-T)

5.5.1 Copper-Ts are distributed to acceptors free of cost. Till 1991-92, this contraceptive was imported through UNFPA/USAID as commodity assistance. With the indigenous production/ assembly facilities fully developed, the requirement for the year 1993-94 is being met wholly from the indigenous firms.

5.5.2 Against the annual target of 73.30 lakh Cu-T for the year 1993-94, 53.74 lakh pieces have been supplied to the States/UTs till the end of November, 1993. Regular supplies will be continued during the remaining period of the current year with a view to meeting the annual target.

5.5.3 During the current year against the annual target of 73.30 lakh Cu-T, achievement of 26.12 lakh Copper-T has been reported till October, 1993 as against 21.21 lakh in the corresponding period of 1992-93.

5.6 Contraceptive Social Marketing Programme

5.6.1 *Condoms:* The Contraceptive Social Marketing Programme (CSMP) of 'Nirodh' was launched in the country during 1968 with the help of large and reputed consumer goods marketing, pharmaceuticals and oil companies, both in public and private sectors. This is the first and the largest programme in the world. Under this programme, Nirodh is being sold at highly subsidised price through numerous outlets of these companies viz. ITC, Brooke Bond, TOMCO, Hindustan Lever Ltd., Reliance Bulk Drugs and Formulations, Indian Oil Corpn., Bharat Petroleum Corpn. and Hindustan Petroleum Corpn. Dry variety of condoms has been phased out and three brands of Nirodh are presently being sold under the scheme. These are (i) New Lubricated Nirodh at a price of 50 paise for a pack of 3 pcs.; (ii) Lubricated coloured under the brand name 'Deluxe' at price of Rs.1.50 for a pack of 5 pieces; and (iii) Thin, coloured and lubricated variety 'Super Deluxe' at a price of Rs.3/- for 4 pcs.

5.6.2 Besides, Parivar Sewa Sansthan

(PSS), a Voluntary Organisation, is marketing condom under the brand names 'Sawan' and 'Bliss' throughout India. Population Services International (PSI) is marketing Nirodh since 1988-89 in the States of Punjab, Haryana, Jammu & Kashmir, Himachal Pradesh and Rajasthan. They are also selling their brand 'Masti' throughout India. Two more brands are likely to be introduced in the market during the current year - 'Tamanna' by Reliance Bulk Drugs and Formulations and 'Dream' by Parivar Kalyan Kendra, a trust. Efforts are being made to bring in more Voluntary/Non-Governmental Organisations for selling Condoms under their own brand names.

5.6.3 Nirodh publicity campaign through TV., AIR, Press and Cinema is being carried out by D.A.V.P. and other publicity such as hoardings, wall paintings, point-of-sale material, arranging displays, participation in melas etc. is being carried out by the participating marketing companies. For this activity, Government provides assistance at the rate of 3 paise per piece sold, subject to the marketing companies contributing at the rate of 1 paise per piece sold, from their own resources for this national endeavour.

5.6.4 The progress of Nirodh off-take is estimated regularly by Operations Research Group (ORG), Baroda, an independent Organisation.

5.6.5 Although the sales declined in 1991-92, the performance witnessed an improvement in 1992-93 by registering a sale of 278 million pieces. The sale in 1993-94 during April to October, 1993 was 104.46 million pieces against a target of 324 million pieces for the whole year.

5.6.6 In order to ensure that condoms are easily available even in remote rural areas, distribution of condoms through Public Distribution System has been implemented in the States of Andhra Pradesh, Assam, Bihar, Haryana, Himachal Pradesh, Karnataka, Kerala, Madhya Pradesh, Punjab, Rajasthan, Tamil Nadu,U.P. and in the UT of Delhi.

5.6.7 A provision of Rs. 24.00 crore has been made in B.E. 1993-94 against Rs. 30.926 crore in R.E. 1992-93 and Rs.30.00 crore in B.E. 1992-93.

5.7 Oral Pill

5.7.1 The Scheme of Social Marketing of Oral Pills was launched in 1987. The brand name Mala 'D' has been given to the product under the Social Marketing Programme. The raw material for manufacture of OCPs is received as commodity assistance from UNFPA and supplied free to domestic companies for tabletting. These were till recently being tabletted by M/s Indian Drugs and Pharmaceuticals Ltd., Gurgaon / Hyderabad and M/s Eupharma Laboratories, Bombay. Now additional firms M/s Pfimex, Hyderabad, M/s Pharmasia, Hyderabad and Hindustan Latex Limited (Belgaum plant) have been inducted for tabletting of oral pills. Mala 'D' is sold at a subsidised price of Rs.2/- per cycle. Each cycle consists of 28 tablets (21 active pills and 7 placebos).

5.7.2 It is marketed by M/s Hoechst India Ltd., in the Northern Region, M/s Rallis India Ltd., in the Western Region, M/s Dey's Medical Stores (Mgs) Ltd., in the Eastern and Southern Regions, M/s Reliance Bulk Drugs Formulations Ltd., Chandigarh, in the States of Andhra Pradesh, Bihar and Uttar Pradesh and M/s Hindustan Latex Ltd., Thiruvananthapuram in Rajasthan, Madhya Pradesh, Tamil Nadu, Kerala and Karnataka.

5.7.3 Some Voluntary Organisations such as M/s Parivar Sewa Sansthan, New Delhi and Population Services International, New Delhi have been allowed to market OCP under their own brand names of 'ECROZ' & 'PEARL' respectively. Similarly, DKT (India), Bombay is allowed the brand 'CHOICE'. These voluntary organisations have been allowed to use their own brand names as part of the multi-brand strategy and these organisations are free to fix the consumer price of their brands of pills.

5.7.4 It has been decided to encourage

marketing of oral pills by reputed pharmaceutical companies under their own brand name on the same terms and conditions as applicable in case of Mala 'D'. Under this arrangement M/s Reliance Bulk Drugs & Formulations Ltd., Chandigarh has been permitted to market OCP 'MOTI' on all India basis. Similarly M/s Dey's Medical Stores (Mfg) Ltd., Calcutta have been allowed to market their own brand of OCP on all India basis.

5.7.5 The main objective of the programme is to generate acceptability of oral pills for contraception on large scale.

5.7.6 The progress of Sale of Mala 'D' over the last four years is indicated below:-

Year	*Sale (Lakh Cycles)*
1990-91	58.25
1991-92	89.30
1992-93	79.26
1993-94 (upto Oct. '93)	38.92
	57.17

5.7.7 A target of 175 lakh cycles has been fixed for the year 1993-94. The Budget Provision for the Oral Pill Scheme is given below:

PLAN	*BUDGET*
B.E.(1992-93)	- Rs.400 lakh
R.E.(1992-93)	- Rs.400 lakh
B.E.(1993-94)	- Rs.400 lakh

5.8. Procurement of Laparoscopes/ Tubal Rings

5.8.1 The Ministry have been getting KLI Laparoscopes (Single/Double Puncture) either from UNFPA under the commodity assistance programme or purchasing from Government of India Funds. These brands of Laparoscopes are currently approved by the Government of India for undertaking Laparoscopic Sterilisation operations under the programme.

5.8.2 These Laparoscopes/Laparocators are being supplied to States/UTs as per their requirements and norms fixed by the Government of India. There is a provision of supplying @ 1.5 per trained team. The number of Laparoscopes/Laparocators supplied and available in States/UTs and various Institutions upto 31st March, 1993 was 6483 while the number of teams trained/functioning in Laparoscopic Sterilisation techniques in States/UTs in this period was 4214 as per information received from the States/ UTs.

5.8.3 UNFPA have also been supplying the standard KLI Tubal Rings for use in Laparoscopes/Laparocators for undertaking Laparoscopic sterilisation operations under the National Family Welfare Programme to avoid failure of sterilisation and simultaneously to ensure quality assurance to the acceptors of sterilisation. A total of 3.00 million KLI Tubal Rings were supplied by UNFPA during 1990-91 and also 3.00 million during 1989-90. 1.3 million KLI brand of Tubal Rings have also been procured during the current financial year 1993-94 through GOI funds. Sufficient stock of KLI Tubal Rings is available with the Ministry to meet the requirements of States/UTs during the year 1993-94. 14,44,000 pairs of Tubal Rings have been supplied to States/UTs during the year 1992-93 and 7,46,500 till 30th November 1993. During the year 1993-94 following budget provisions have been made for purchase of Laparoscopes:

B.E.	- Rs. 300 lakh

5.9 Central Laparoscopic Training Centres

5.9.1 The Government have so far established 22 Central Laparoscopic Training Centres in different parts of the country. Training in Laparoscopic Sterilisation technique is imparted by the requisite Gynaecologist and Obstetrician in the medical college/hospital to a team consisting of a doctor, an operation theatre nurse/sister,

and an operation theatre technician/ attendant as and when they are deputed for training by the State Government concerned. The minimum educational qualifications required by the doctor for this training programme are MD (Obst. and Gynae) or MS (General Surgery) or MBBS with DGO having worked for a minimum period of three years in a Government hospital or any other medical institutions. The training programme is of two weeks duration. 4214 teams have been trained upto 31.3.93. The doctors so trained in Laparoscopic sterilisation techniques help to ensure quality assurance, particularly in sterilisation activities under the programme. During the year 1993-94 following budget provisions were made for the Central Laparoscopic Training Centres:

B.E. - Rs. 10 lakh

5.10 Medical Termination of Pregnancy

5.10.1 The MTP programme is being implemented in the States with grants-in-aid from the Govt. of India, Ministry of Health and Family Welfare on year to year basis. A total of Rs.150.00 lakh was allocated to State/ Union Territory Governments for the year 1993-94 for expansion of MTP services. The scheme consists of the following important components:

(i) Setting up of a small MTP Cell at State/UT level wherever on an average 10,000 MTPs and above are undertaken for the last three years;

(ii) Training of doctors in MTP techniques and other surgical procedures and spacing methods; and

(iii) Purchase of MTP Suction aspirators with ISI mark by State/UT governments for supply of the same to PHCs/CHCs where doctors have been trained in MTP techniques and physical facilities like operation theatre, etc. are available for conducting MTP operations; and

(iv) Provision of Rs.15/- for Drugs and dressing per MTP conducted.

5.10.2 The work done on implementation of MTP programme in States/UTs, is monitored and evaluated through quarterly progress reports. All those women, on whom MTP has been performed, are required to be motivated to follow one or the other method of contraception. Altogether 22845 doctors have been trained in MTP technique as on 31.3.93.

5.10.3 During the year ending 1993-94 following budgetary allocations were made for the MTP programme.

B.E. - Rs. 150 lakh

5.11 Quality Control and Assurance in Family Welfare Programme

5.11.1 With a view to providing quality assurance to the acceptors, to introduce high standards of services in the Programme and for reducing complications and failures after sterilisation operations, the Govt. of India constituted an "Expert Committee on Technical Matters" in the Ministry in September,1990 keeping the following objectives in view:

(i) To consider and advise the Government of India on all matters including administrative, organisational and technical matters connected with the implementation of the National Family Welfare Programme with particular reference to IUDs, Sterilisation Procedures, MTPs, Oral Contraceptives and any other method of contraception;

(ii) To review the effectiveness of the working of various Tubal Rings, IUDs, Suction Aspirators and different brands of Laparoscopes/ Laparocators, etc. for use under the programme;

(iii) To advise on the various aspects of

quality control of Tubal Rings, IUDs, MTP Suction Aspirators and Laparoscopes to be used under the Programme; and

(iv) To suggest modifications in the specifications and standards of the testing of IUDs/ Tubal Rings, etc., being developed at IIT, Hauz Khas, New Delhi.

(v) (a) To lay down the minimum standards for Laparoscopes/ Laparocators;

(b) To review the existing standards and specifications laid down under 7080 (Part I and II) for MTP Suction Aspirators and suggest changes, if required ; and

(c) To standardise the specifications for MTP Suction Aspirators; and

(vi) To discuss any other item of importance in the field of contraceptive technology.

5.11.2 The leading gynaecologists and public health specialists/ experts and other senior officers working in the Government of India, Institutions and in the Ministry itself are members of the above Committee. The term of the Committee is for a period of three years with effect from 21.9.90. Since the constitution of the above Committee, a number of meetings were held under the Chairmanship of the Director General of Health Services. A number of items viz. Introduction of Oral Pill Contraceptive (Mala D); Centchroman, the Weekly Oral Pill contraceptive; Norplant; Net-en Injectables, Standard Tubal Rings; MTP Suction Aspirators; and manufacturing of Copper-T 200 B IUDs were discussed at length and planned for necessary action in the Ministry.

5.11.2 (i) The Committee is now being reconstituted.

5.11.3 With a view to coordinate different research activities in contraception being carried out by various institutions and departments a "National Committee for Research in Human Reproduction" (NCRHR) has been constituted under the Chairmanship of Secretary(FW) by the Govt. of India in March,1992 keeping the following objectives in view:-

(i) To promote basic research in reproductive biology for newer contraceptive technologies which have relevance for India;

(ii) To support clinical trials and introductory studies to accelerate the programme use of new technologies;

(iii) To coordinate the activities of various research institutions undertaking research in the field of reproductive biology and contraceptive technology;

(iv) To promote linkages with pharmaceutical industries for local production of contraceptives; and

(v) To promote research in the field of counselling and follow up leading to better utilisation of newer contraceptives.

5.11.4 Leading Gynaecologists and public health specialists and senior officers working in the Govt. of India institutions and in the Ministry itself are members of the above Committee. Three meetings of the Committee have taken place since the constitution of this Committee.

5.12 Centres of Excellence in Standards of Sterilisation and Micro-Surgical Recanalisation

5.12.1 The UNFPA Project entitled establishment of Centres of Excellence for training in sterilisation and recanalisation was signed by the Central Ministry of Health & Family Welfare with UNFPA/AVSC in April 1988 for a period of 5 years with a view to

achieving the following objectives under National Family Welfare programmes:

(i) To improve the techniques and quality of sterilisation services;

(ii) To establish micro-surgical facilities for male and female recanalisation training and services at regional centres of excellence;

(iii) To establish 12 centres of excellence in selected States in India; and

(iv) To develop an effective quality control and assurance scheme for sterilisation and recanalisation services.

The project duration has since been extended to December '94.

5.12.2 As a result of implementation of the said project by this Ministry, four Regional Centres of Excellence for training-cum-service in standards of sterilisation and micro-surgical recanalisation have since been established at the following medical institutions in the country under Phase I:

(i) K.E.M. Hospital & Seth G.S. Medical College, Bombay;

(ii) R.G. Kar Medical College, Calcutta;

(iii) Kasturba Hospital, Darya Ganj, New Delhi in collaboration with Maulana Azad Medical College, New Delhi; and

(iv) Kilpauk Medical College, Madras in collaboration with Medical College, Madras.

5.12.3 During phase-II the core officers comprising of one senior Gynaecologist and one senior surgeon of all the 12 medical colleges have been trained in standards of male and female sterilisation and micro-surgical recanalisation technique till 30th November, 1993. Micro-surgical equipments have also been shipped to 10 of these medical colleges directly by AVSC, New York.

5.12.4 The doctors/medical officers in States/UTs are being trained in standards of sterilisation for males and females at the four regional Centres of Excellence to ensure quality assurance to the acceptors of sterilisation and for accelerating the sterilisation programme. A total of 1025 doctors/medical officers have been trained in standards of sterilisation in States/UTs as on 31.3.93.

5.12.5 The monitoring and evaluation of activities of Centres of Excellence have been entrusted to National Institute of Health and Family Welfare. Necessary funds are being released to them.

5.12.6 During the year 1993-94 following budget provisions were made:

B.E.	- Rs. 50.00 lakh

5.12.7 The Centres of Excellence are primarily concerned with the training-cum-service in standards of sterilisation for males and females and micro-surgical recanalisation and holding of seminars/ workshops, etc. to further improve the working of these Centres. These Centres held a number of workshops on training of trainers in standards of sterilisation for males and females and trained a total of 1123 doctors in these workshops till 30.9.93.

5.12.8 Two surgeons from LNJP hospital and NIHFW were sent to Thailand for training in the new technique of vasectomy called "No Scalpel Vasectomy" (NSV). After their return, these surgeons have so far trained twenty three doctors in this technique. The "NSV" has since been included in the programme under this scheme. The response to this New technique has been very encouraging as about 150 men had availed this facility during a camp organised for four days just after a simple advertisement in the newspapers. Inspite of declining trend in vasectomy during recent years, over 1645

operations have been performed at LNJP and NIHFW till 31.9.93. Now many States have evinced keen interest in this new technique and have requested for training of their doctors in the technique. A new project proposal is in the preliminary stages of preparation for training of other surgeons in this new technique of Vasectomy.

5.13 National Centre for Technological Evaluation of IUDs and Tubal Rings at Indian Institute of Technology, New Delhi

5.13.1 This Centre is mainly concerned with the testing of IUDs and tubal rings bio-technically before these articles could be introduced into the programme. National Centre for Technological Evaluation of IUDs and Tubal rings was set up at the Centre of Bio-medical Engineering, Indian Institute of Technology, Hauz Khas, New Delhi by the Department of Family Welfare with financial support in collaboration with UNFPA during the year 1988-89. This project continued functioning with UNFPA's assistance till 31st March 1992. It is now being provided with 100% assistance in the form of grants-in-aid by the Department of Family Welfare w.e.f. 1st April 1992.

5.13.2 The Centre has been imparting training on quality assurance of these devices to the local manufacturers of Copper-T-200 B The standards for Copper-T-200 B and Tubal Rings were finalised by the Centre and clearance was accorded by the Bureau of Standard for publication thereof in the Drugs and Cosmetics Act,1945 and the amendments made thereto. These standards have since been published. The Centre have also given technical guidance to BIS for laying down standards for MTP Suction Aspirators. During the year 1993-94, following budget provisions have been made:-

B.E.	- Rs. 40.00 lakh

5.13.3 *Monitoring and Analysis of Post-Sterilisation Deaths / Complications:-* The Technical Operations Division in the Department of Family Welfare has been monitoring and evaluating the reports of deaths due to sterilisation in States/UTs on quarterly basis. The post-sterilisation deaths are being reported by States/UTs to this Department in the prescribed proforma by techniques/ or methods of sterilisation operations viz. Laparoscopic, traditional tubectomy, mini-laparotomy, interval and post-partum sterilisation and the same are compiled at National level. The recorded number of post-sterilisation deaths in the country during the years 1990-91 to 1992-93 are given at Table 1 as per information received from the States/ UTs.

TABLE - 1
POST-STERILISATION DEATHS DURING THE YEARS 1990-91 TO 1992-93

Year	*Total sterilisation operations done*	*Post-Sterilisation deaths recorded*
1990-91	41,22,630	228
1991-92	39,86,039	104
1992-93	41,76,160	95

5.14 Surveillance System for Sterilisation

5.14.1 During the year 1990-91, this Department in collaboration with UNFPA, had initiated the said project in the two States of Rajasthan and Tamil Nadu where the incidence of post-sterilisation deaths and complications, etc. are higher as compared to the rest of the country. The project is being

financially supported fully by UNFPA with a total contribution of US $ 2,56,962 for three years from January, 1990.

5.14.2 During the year ending 1993-94 following budgetary allocations have been made for the purpose of surveillance system of sterilisation:-

B.E.	- Rs. 10 lakh

5.15 Indian Medical Association

5.15.1 The Indian Medical Association with its headquarters in Delhi has been functioning for over 63 years through a network of 1,200 branches with a total membership of over 85,000 doctors throughout the country. It is one of the largest voluntary organisations working in the field of public health, medical education and for the propagation of family welfare programmes through its local branches in States/ UTs. The Govt. of India has been involving the Indian Medical Association in the implementation of the family welfare programme by way of giving grants to them on year to year basis.

5.15.2 In brief, the Indian Medical Association is entrusted with the following activities in the field of Family Welfare/ Population Control Programme in collaboration with the Ministry of Health and Family Welfare.

(i) Training of IMA doctors in laparoscopic sterilisation techniques in the Central Laparoscopic Training Centre, functioning at the selected medical colleges/ institutions in the States/UTs;

(ii) Supply of laparoscopes to IMA doctors after training in laparoscopic sterilisation techniques with 25% reduction in the original cost of the equipment;

(iii) Holding workshops/seminars on family welfare programme, particularly to boost up the spacing method; and

(iv) A small Family Welfare Cell has been functioning at IMA headquarters in New Delhi with effect from 1st June 1989 for dissemination of information on family welfare and its policy as approved by this Ministry.

5.15.3 A total of 45 teams from IMA have so far been trained in Laparoscopic sterilisation techniques since the inception of the training programme. Altogether 32 KLI Laparoscopes (Single puncture) have so far been supplied to IMA for onward supply to the concerned doctors, who were trained in Laparoscopic sterilisation techniques by the Central Laparoscopic Training Centres. During the year 1993-94, following budget allocations were kept for IMA:

B.E	- Rs. 5 lakh

5.16 Special Schemes

5.16.1 The Special Scheme Division is responsible for the implementation of under-mentioned programmes:

(i) All India Hospitals Post-Partum Programme at district and Sub-District level;

(ii) PAP Smear Test Facilities in Medical Colleges;

(iii) Sterilisation beds scheme; and

(iv) Urban Revamping Scheme:

  (a) Urban Health Posts
  (b) Urban Family Welfare Centres

5.16.2 *All India Hospitals Post-Partum Programme at District and Sub-District Level:* The Post-Partum Programme started in the year 1966 when the Population Council, New York took up an international

experiment in 25 hospitals of various countries to test the idea of motivating women in the post-delivery (post/partum) period as that is the time when they are most amenable to accept advice on family planning. From India two hospitals, viz. Safdarjang Hospital, New Delhi and S.A.T. Hospital, Trivandrum participated in the experiment. Encouraged with the results of this experiment in two hospitals, Govt. of India decided to extend the programme to other hospitals in the country with effect from 1969. As on today, there are 550 established Post-Partum Centres at District level which include all medical colleges and post-graduate institutions. Later in 1981-82, the programme was further expanded to include Sub-district level hospitals, there are at present 1012 sub-district hospitals having post-partum centres. The post-partum programme at sub-district has been getting substantial assistance from Government of Norway.

5.16.3 The Post-Partum Programme is defined as maternity-centred hospital based approach to the family welfare programme and aims to motivate women within the reproductive age group (15-44 years) and their husbands for adoption of the small family norms through education and motivation, particularly during pre-natal and post-natal period. The basic objectives of the programme are: (i) to provide an integrated package of maternal and child health (MCH) and family planning services; (ii) to undertake information, education and communication motivates; (iii) to conduct skill based training programme for providing MCH and Family Planning Services to medical personnel and peripheral workers, and (iv) to provide outreach services in the allotted areas.

5.16.4 *Performance:* During the year 1992-93, the performance of reporting institutions both at district and sub-district level post-partum centres is given below.

THE PERFORMANCE OF REPORTING INSTITUTIONS DURING THE YEAR 1992-93

	1992-93 (Provisional figures)	
	District level hospitals	*Sub-district level hospitals*
No. of Institutes approved	550	1012
No.of Institutes reported	464	726
Method-wise distribution of Acceptors		
Tubectomy	447357 (44.3%)	240961 (38.08%)
Vasectomy	11645 (1.2%)	5686 (0.90%)
Total sterilisation	459002 (45.5%)	246647 (38.98%)
I.U.D.	251861 (24.9%)	123670 (19.55%)
Eq. O.P. users	67284 (6.7%)	50343 (7.96%)
Eq. C.C. users	231622 (22.9%)	212025 (33.51%)
Total acceptors	1009769 (100.00%)	632685 (100.00%)

5.16.5 *Pap Smear Test Facility Programme:* In order to detect cervical cancer and pre-cancerous lesions among women acceptors and non-acceptors, PAP Smear Test Facility Programme has been introduced in all 105 medical colleges all over the country. Under the scheme, a post of a cyto-technician as per State/UT government pay scales and financial assistance for contingencies for purchase of glassware and chemicals have been provided by Government of India. So far 76 institutions have been sanctioned by the State Governments.

5.16.6 *Sterilisation Bed Scheme:* A Scheme for reservation of sterilisation beds in hospitals run by Government, Local Bodies, and Voluntary Organisations was introduced in the year 1964 so as to provide immediate facilities for tubectomy operations in hospitals where such cases could not be admitted due to non-availability of beds etc. Further in the year 1976 with the introduction of Post-Partum programme at district and sub-district level hospitals in the country, some of these sterilisation beds were transferred to Post-Partum programme. Maintenance grants of Rs.3000 per bed per annum is paid to each institution subject to the condition that a minimum of 75/60 tubectomies per bed per annum are achieved by the Government/ Voluntary agencies respectively. The State Government releases the grant to the organisations on the recommendations of their respective grant-in-aid committees. A total of 3610 beds have been sanctioned by Government of India. During 1992-93, 1,09,533 tubectomies have been performed as reported by State Governments in respect of 2057 beds. So far during 1993-94, 4 States out of 18 have reported information for the first quarter ending June, 1993 and performed 4934 tubectomy operations in respect of 503 beds.

5.16.7 *Urban Revamping Scheme:* (i) Urban Family Welfare Centres: Since 1950 these centres provide family welfare services in urban areas. There are three types of urban family welfare centres, i.e. Type- I, II and III, depending upon the staff sanctioned and the population covered by them. In all, there are 1529 urban family welfare centres functioning in the States/ Union Territories as on 31.3.1993 of which 208 are run by central sector, i.e. Ministry of Defence, Railways and Labour, etc. The Urban Family Welfare Centres were required to be relocated in Urban slums under revamping scheme.

5.16.7 (ii) *Urban Health Posts:* The Urban Revamping Scheme has been introduced with a view to provide improved service delivery out-reach services of primary health care, family welfare and maternity services in urban areas particularly slum areas. So far, 936 health posts have been approved in various States of the country. The State Governments have sanctioned/ operationalised it in 870 health posts and 10 city family welfare bureaux.

5.16.8 *External Assistance for Family Welfare Programme:* Royal Government of Norway have been providing financial assistance during the years 1971-1985 for district-level Post-Partum Programme (Family Welfare-I Project) and from 1981 onwards agreed for providing financial assistance for Sub-district level Post-Partum Programme. Norwegian Agency for the International Development (NORAD) provides partial financial assistance for implementation of the Post-Partum Programme at Sub-district level Post-Partum Centres. Under the scheme 1012 Sub-district level Post-Partum Centres have been sanctioned by the State Governments. NORAD has provided an assistance of 60 million NDK during 1991-1993 which include 6 million NDK for innovative projects in Orissa and Karnataka. A training intervention project is also being implemented at the Indian Institute of Health Management and Reserach, Jaipur completed in January, 1994.

Pre-Natal and Post-Natal care.

MATERNAL AND CHILD HEALTH PROGRAMME

Care of mothers and children occupies a paramount place in our health services delivery system. This is reflected from the fact that 9 out of the 17 goals listed in the National Health Policy (1983) relate to maternal and child health.

6.1.2 As part of the overall strategy for reduction of infant mortality to below 60 per thousand live births; child mortality to below 10 per thousand; child population and maternal mortality to below 200 per 100,000 live births by 2000 AD, following specific programmes have been under implementation in the country as 100% Centrally sponsored family welfare schemes:

6.1.2 (i) Universal Immunization Programme (UIP) for control of vaccine preventable diseases namely, diphtheria, pertussis, tetanus, childhood tuberculosis, poliomyelitis and measles.

6.1.2 (ii) Oral Rehydration Therapy (ORT) Programme for control of deaths due to dehydration caused by diarrhoea. It is estimated that about one million children die of diarrhoea every year and most of these deaths can be prevented if dehydration is checked in time.

6.1.2 (iii) Prophylaxis Schemes against nutritional anaemia among pregnant women and against blindness due to Vitamin A deficiency among children of under 3 years of age.

6.1.3 The impact of the above interventions is becoming perceptible in the declining trends of disease incidence and Infant Mortality Rate. The Universal Immunisation Programme started in 1985-86, has particularly succeeded in establishing a system of contact between the beneficiaries - mothers and children - and the paramedical workers - the ANMs located at the Sub-Centres.

6.1.4 The access established under the immunisation programme is now being

utilised to extend and intensify other services related to maternal and child health under the Child Survival and Safe Motherhood (CSSM) Programme which was launched in the year 1992-93. The programme, being implemented with the financial assistance of World Bank and UNICEF with an overall approved outlay of Rs.1,125.51 crore over a seven year period (1992-93 to 1997-98), has the following components:

(i) Sustaining and strengthening the ongoing Immunization, Oral Rehydration Therapy (ORT) and Prophylaxis Schemes;

(ii) Improving maternal care at the community level by providing an enhanced reporting fee of Rs.10.00 per case to the Traditional Birth Attendants (TBAs) and disposable delivery kits to pregnant women;

(iii) Expanding in a phased manner, the programme for control of Acute Respiratory Infections (ARI) for children below 5 years of age;

(iv) Improving newborn care; and

(v) Setting up, in a phased manner, a network of sub-district level First Referral Units (FRUs) for improving emergency obstetric care in the States of Assam, Bihar, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh.

6.1.5 The UIP, ORT, Prophylaxis Schemes of IFA and Vitamin A administration to pregnant women and children respectively, and Dais Training, etc. are ongoing activities in all districts. Additional interventions relating to ARI control (alongwith training/ retraining of medical and paramedical staff) and setting up of First Referral Units in the six States, will be expanded in a phased manner. For convenience, these have been termed as "Child Survival" and "Safe Motherhood" components respectively. The phasing plan is as shown inTable-1.

TABLE -1

CHILD SURVIVAL AND SAFE MOTHERHOOD

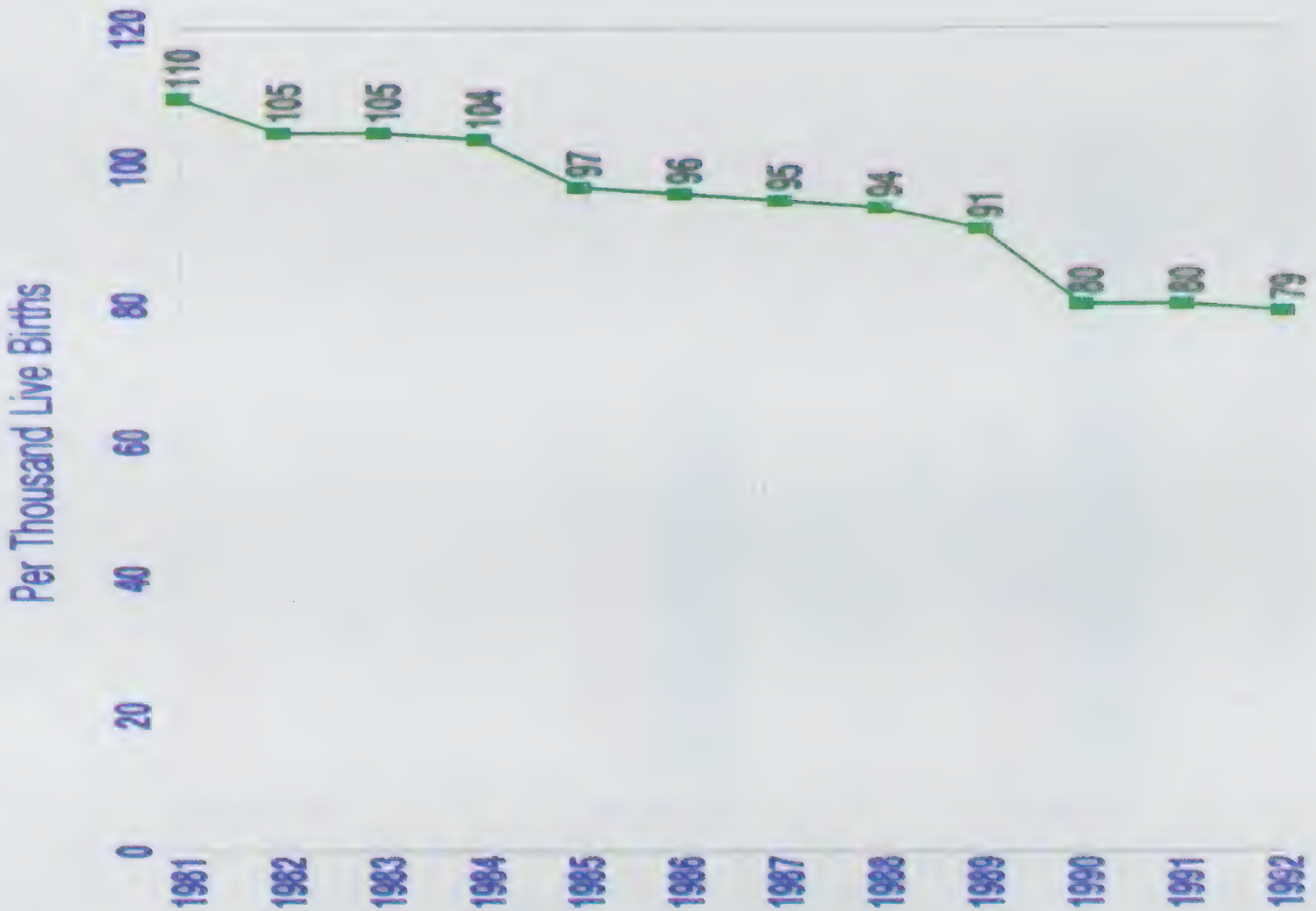
Year	*Child Survival*		*Safe Motherhood*	
	New	*Cumulative*	*New*	*Cumulative*
1992-93	51	51	21	21
1993-94	103	154	31	52
1994-95	99	253	51	103
1995-96	99	352	48	151
1996-97	114	466	67	218

6.1.6 The ensuing paragraphs give an overview of the progress made under the Programme during the year under report.

6.2 Immunization

6.2.1 Universal Immunization Programme (UIP) declared as one of the Technology Missions in 1986, was launched in 1985 as part of the overall national strategy to bring down infant and maternal mortality in the country by providing immunization to all infants against six vaccine preventable diseases and pregnant women against tetanus.

INFANT MORTALITY RATE



Source : Sample Registration System (SRS)

DISTRICTS UNDER CSSM
CHILD SURVIVAL

Towards this, additional inputs in the form of cold chain equipment, vaccines, training of medical and paramedical staff and IEC material, etc. were provided to all the paramedical staff and IEC material, etc. were provided to all the districts, in a phased manner. Beginning with 31 districts in 1985-86, the programme was expanded to all districts by 1989-90.

6.2.2 Under the UIP, about 25 million infants are to be vaccinated every year before they are one year old with three doses of DPT vaccine (Diphtheria, Pertussis and Tetanus), three doses of polio vaccine (orally administered) and one dose each of the measles and BCG vaccines. About 27 million pregnant women are also to be administered two doses of tetanus toxoid (TT) as prevention against tetanus to them and to their newborn.

6.2.3 At the beginning of the Programme in 1985-86, vaccine coverage levels ranged between 29% for BCG and 41% for DPT. By the end of March 1993, coverage levels have improved significantly and was above 85% for all vaccines for infants. Coverage of pregnant women with 2 doses was 79%. The year-wise and antigen-wise achievement during 1985-86 to 1992-93 is shown in Table II.

TABLE - II

YEAR-WISE AND ANTIGEN-WISE ACHIEVEMENT DURING 1985-86 TO 1992-93

YEAR	*DPT*	*OPV*	*BCG*	*MSL*	*TT(PW)*
1985-86	41.12	35.66	28.84	1.34	39.85
1986-87	56.55	48.41	52.19	16.17	45.27
1987-88	72.23	60.46	70.70	44.06	56.48
1988-89	79.61	74.83	79.29	55.17	65.15
1989-90	82.93	82.30	89.04	69.32	58.83
1990-91	100.72*	101.54*	102.99*	90.85	79.70
1991-92	90.89	91.26	92.83	84.99	77.57
1992-93	90.19	90.81	96.41	85.75	79.40

Note: Measles vaccine was introduced in the programme from 1985-86.
* : Over 100% figures due to inclusion of children over one year age under immunisation.
State wise details of 1992-93 given in the Appendix I at the end of this chapter.

6.2.4 Considerable efforts have gone into developing a reliable surveillance system. The immediate reporting of cases of neonatal tetanus and poliomyelitis has been made mandatory. Nil reporting by hospitals and health facilities has been introduced to confirm that cases are not being missed due to incomplete reports. Active surveillance for suspect cases of poliomyelitis and neonatal tetanus has started. Line lists of cases of poliomyelitis and neonatal tetanus are maintained and cases of poliomyelitis are followed up 60 days after onset of paralysis to confirm diagnosis. The decline in the reported disease incidence, under this background, is encouraging.

6.2.5 Reported incidence of vaccine preventable diseases in India are shown in Table III.

TABLE- III

REPORTED INCIDENCE OF VACCINE PREVENTABLE DISEASES : INDIA

Year	*Dip*	*Per*	*Tet*	*NNT*	*Pol*	*Mea*	*Total*
1980	39231	320109	43837		19051	124036	546264
1981	26315	359288	39175		38090	197129	659997
1982	17191	279635	39955		26302	146196	509279
1983	13776	211282	32870		24727	129639	412294
1984	17058	189148	29965		23250	190881	450302
1985	15686	184368	37647		22584	160216	420501
1986	9426	167225	30994		20169	155076	382890
1987	12952	163786	31844		28264	247519	484365
1988	17146	145469	24343	11849	24257	157800	380864
1989	9790	137374	17763	11114	13866	162560	352467
1990	8425	113016	14043	9313	10408	87446	242651
1991	12550	73520	15036	11241	6028	79655	198030
1992	8115	119854	11268	6626	9440	92185	247488

Tet - includes cases in adults. Cases of NNT also included upto 1987.

6.2.6 In ten States/UTs (Haryana, Himachal Pradesh, Karnataka, Kerala, Maharashtra, Punjab, Tamil Nadu, Chandigarh, Goa and Pondicherry) which account for more than 252 million population, the reduction has been far more pronounced. These States/UTs may achieve the objective of neonatal tetanus elimination and poliomyelitis eradication before 1995 and 2000 A.D. respectively - the global, targets set by the World Health Organisation.

6.2.7 On the other hand, despite a comparatively weak surveillance system, the four States of Bihar, M.P., Rajasthan and U.P. accounted for nearly 40% of total cases of poliomyelitis and 74% cases of neonatal tetanus in 1992.

6.3 Availability of Vaccines used for Immunization

6.3.1 The average annual requirement of different vaccines used under the Programme and its availability in the country is shown in Table IV.

TABLE - IV

AVAILABILITY OF VACCINES USED FOR IMMUNIZATION (Million doses)

A: CAPACITIES	DPT	OPV	BCG	TT	MEASLES	DT
CRI, Kasauli	23.00	-	-	30.00	-	25.00
PII, Coonoor	16.50	-	-	11.00	-	11.00
BCG, Gundi	-	-	35.00	-	-	-
HBPCL, Bombay	5.00	37.50	-	12.00	-	6.00
SVI, Patwadnagar	-	-	-	2.00	-	-
SII, Pune	114.00	-	-	150.00	70.00	40.00
BE, Hyderabad	24.00	-	-	24.00	-	-
Radicura Pharma	-	120.00	-	-	-	-
Bibcol	-	100.00	-	-	-	-
TOTAL CAPACITY	182.50	257.50	35.00	229.00	70.00	82.00
B: REQUIREMENT:	120.00	155.30	50.60	119.00	50.00	35.00

UNIVERSAL IMMUNIZATION PROGRAMME
TETANUS FOR PREGNANT WOMEN

DECLINE IN INCIDENCE OF POLIO

6.3.2 The country is self-sufficient in all vaccines except for Oral Polio Vaccine which is only being blended from imported concentrate by HBPCL,Bombay and Radicura Pharma, Delhi. The third firm, namely BIBCOL, an Undertaking of the Department of Biotechnology, is yet to start the blending.

6.3.3 When the Programme was initiated in 1985, the entire quantity of measles vaccines required was imported but today this vaccine is being indigenously produced at the Serum Institute of India and spare capacity of measles vaccine is now available. The indigenous capacity of BCG is being enhanced to 500 lakh doses.

6.4 Cold Chain for the Vaccines

6.4.1 The Cold Chain System for the storage, distribution and transportation of the vaccines consists of 113 Walk in Cold Rooms and 10 Walk in Freezer Rooms at the regional level; Icelined Refrigerators and Deep Freezers at the District level and a twin set of ILR/Freezer at the PHC level. From the PHCs, the vaccines are taken in vaccine carriers as no storage is envisaged at the Sub-Centre level.

6.4.2 The above basic cold chain system is supported by (a) Cold boxes for transportation of vaccines from the regional storage points to the districts and from the districts to the PHCs; (b) Sterilization equipment for the PHCs and Sub-Centres; and (c) Needles and syringes every year calculated on the basis of estimated beneficiaries.

6.4.3 Overall supplies made to the States/UTs since the inception of the programme till September, 1993 in respect of major items are given in Table V.

TABLE -V
CUMULATIVE SUPPLIES TILL SEPT.1993

ITEM	
ILR - 240 Ltr.	3041
ILR - 300 Ltr.	653
Chest Freezer - 300 Ltr.	1755
Chest Freezer - 140 Ltr.	16184
Chest Refrigerator - 140 Ltr.	16196
Cold Box - 22 Ltr.	17916
Cold Box - 5 Ltr.	22582
Vaccine Carriers	191360
Vaccine Day Carriers	173515
Autoclaves	15235
Sterilizing Drums	163646
Steam Sterilizer Pressure Cookers (DR.)	130327
Stove Kerosene	179046

6.4.4 The details of allocation of needles and syringes being supplied during 1993-94 is shown in Table VI.

TABLE VI
ALLOCATION OF NEEDLES AND SYRINGES BEING SUPPLIED DURING 1993-94

2 ml. Syringes	58.12 Lakh
1 ml. Syringes	19.38 Lakh
5 ml. Syringes	9.70 Lakh
23 g. Needles Box	19.38 Lakh
26 g. Needles Box	6.47 Lakh
20 g. Needles Box	1.63 Lakh

6.5 Maintenance of Cold Chain Equipment

6.5.1 Till 31.3.1991, the maintenance of cold chain equipment was under contract between UNICEF and commercial agencies. With effect from 1.4.1991 all the States/UTs have taken over the responsibility of maintenance of cold chain equipment. In January 1992, the States were requested to review the existing arrangement for maintenance of cold chain equipment with a view to identify the strengths and weaknesses of the existing system and take remedial action in this regard.

6.5.2 To assist the States to formulate Action Plans for maintenance of cold chain, workshops are being held in States jointly by Ministry of Health & Family Welfare and UNICEF. So far (upto Sept.'93), workshops have been held in the States of U.P., Bihar, West Bengal, Assam, Gujarat, Rajasthan, Kerala, Punjab, Haryana, H.P., Tamil Nadu, M.P., Maharashtra, Orissa and Andhra Pradesh.

6.5.3 In addition, Govt. of India have also been organising Trainings for Refrigeration Mechanics at the State Health Transport Organisation, Pune; HER Division, SHTEMO, Guwahati, HER Unit, Hyderabad, T.B.Hospital, Bhopal and HER Training Centre, Madras. During the year 1993 (upto Oct.1993) 52 trainees have been trained in Refrigerator Repair Training Course, 78 trainees have been trained in WIC Repair Training Course and 42 have been trained in Voltage Stabiliser Repair Training Course.

6.6 Quality of Cold Chain

6.6.1 Statutory testing of vaccines is done by the National Quality Control Laboratory at Kasauli. The protocols of all vaccines are scrutinized before use and are released only after declared standard by this laboratory. In addition, samples of OPV are picked up from various levels of storage and sent to designated laboratories for potency testing to ensure effectiveness of the Cold Chain System. Earlier there were only three testing laboratories, i.e. CRI, Kasauli; NICD, Delhi and Enterovirus Research Centre, Bombay. Seven new additional laboratories have been set up for OPV testing.

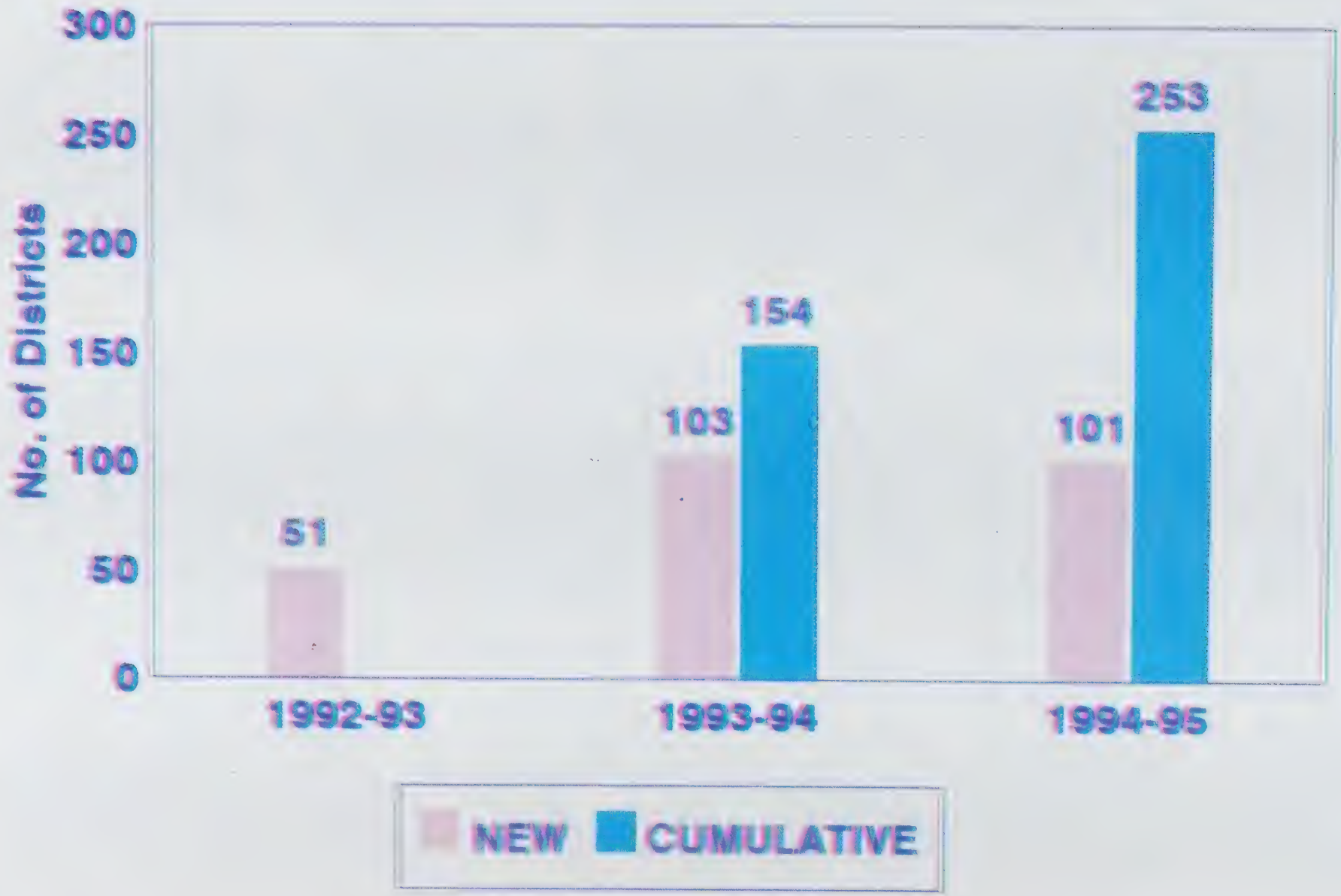
6.6.2 The test results for the last seven years indicate steady improvement in the efficacy of the cold chain system in keeping vaccines safe. In 1987 about 40% of the field samples failed. At present the failure rate is only about 7 per cent shown in Table II.

TABLE - II

POTENCY TEST REPORTS OF FIELD SAMPLES OF OPV

Year	*Sample Tested*	*Samples Satisfactory*	*% age Samples Satisfactory*
1987	1290	790	61%
1988	2196	1454	66%
1989	5423	4580	84%
1990	8148	7550	93%
1991	9208	8354	91%
1992	13936	12287	88%
1993 (upto July '93)	8748	8148	93%

DISTRICTS UNDER CSSM
CHILD SURVIVAL



6.7 Oral Rehydration Therapy for Diarrhoea Control Among Children

6.7.1 The Oral Rehydration Therapy Programme was started in 1986-87 in a phased manner. The main objective of the programme is to prevent diarrhoea-associated deaths in children due to dehydration. The training programmes and health education material highlight the rational management of diarrhoea in children, including increased intake of home available fluids, breastfeeding and continued feeding of the child. ORS is promoted as the first line of treatment and rational use of intravenous fluids and antibiotics are recommended. Preventive measures to reduce disease incidence by measles immunization, exclusive breastfeeding, health and hygiene practices, safe water supply and improved sanitation are supported.

6.7.2 Diarrhoea still remains one of the leading causes of death among children under 5 years. However, as a result of activities under the Programme, positive achievements have been noted. These include the increasing community awareness about ORT and weeding out of anti-diarrhoeal drugs from government health facilities. Many large hospitals have recorded fall in case fatality rates, indoor admission rates and duration of stay of inpatients.

6.7.3 Diarrhoea Treatment and Training Units (DTTUs) have been set up in 55 medical colleges and another 20 such units are being set up in the current year, 1993-94. The network of the DTTUs is being extended to the district hospitals under the CSSM programme and, during 1992-93, paediatrician from 99 district hospitals have been trained.

6.7.4 ORS supplies are being organised by the Govt. of India Centrally and 2.25 crore packets were procured and supplied to the States and UTs during 1992-93. For 1993-94, provision has been made for supply of 3.47 crore packets. In the CSSM districts, ORS is being supplied as a part of the Sub-Centre kits.

6.7.5 In order to make ORS packets widely available, States have been advised for marketing of ORS packets through the Public Distribution System.

6.7.6 A National Standard for ORS packets has been developed. The standard consists of a logo, a packet design and instructions (written and graphic) for use on ORS packets.

6.7.7 The Programme emphasises rational use of drugs for the management of diarrhoea. Anti-diarrhoeal drugs have no place in the treatment of diarrhoea; while antibiotics are recommended only for specific indications like Cholera and Dysentery. States have been advised to delete anti-diarrhoeal drugs from their procurement lists.

6.7.8 A Committee of Experts in the Office of Drug Controller, India has recommended banning the sale of paediatric anti-diarrhoeal. Action to ban these formulations is now being taken by the Drug Controller, India.

6.7.9 Inter-personal communication for promotion of ORT through mothers' meeting was started in 1990-91. During 1992-93 an amount of Rs.231.31 lakh was released to the States for this activity and the States have reported to have trained 11.06 lakh mothers in home management of diarrhoea. An allocation of Rs.232.80 lakh has been made during 1993-94 for the States.

6.8 Prophylaxis Schemes

6.8.1 *Anaemia Prevention and Control among Pregnant Women:* Anaemia, which accounted for 19% of the maternal deaths in the country in 1990 is one of the leading causes of maternal mortality and is an aggravating factor in haemorrhage, toxaemia and sepsis. Although administration of IFA tablets to pregnant and lactating women was started in the 4th Plan period, its effective coverage remained, due to resource constraints, around 30 per cent of the total eligible target group. The CSSM programme, therefore, has prioritised pregnant women for

IFA Administration. During 1992-93, 158.61 lakh (58.9%) pregnant women were provided with the recommended dosage of IFA tablets.

6.8.2 *Prevention and Control of Vitamin A Deficiency among Children:* Vitamin A deficiency, which can lead to blindness, has been widely prevalent in the country, especially among the pre-school children. Therefore, a National Programme for Prevention of Blindness due to Vit.A deficiency was launched in the 4th Plan period. The Programme sought to administer six-monthly doses of concentrated Vit.A to the children between 1 to 5 years of age. However, due to resource constraints, the coverage with Vit.A so far has been approximately 30% of children of 1 to 5 years of age.

6.8.3 The CSSM programme priorities administration of Vit.A to all children in the age group of 9 months to 3 years of age, as this age group is considered to be most vulnerable. The first dose of Vit-A (1 lakh international units) is to be administered at nine months of age alongwith measles vaccine, followed by another dose alongwith the booster dose of DPT/OPV vaccine. During 1992-93, 106.07 lakh (43.7%) infants were administered the measles-linked dose while the DPT/ OPV booster linked dose was administered to 56.48 lakh (28.7%) children in the age group of 1-2 years.

6.9 Essential Maternal Care: Dais Training, Their Reporting ees And Disposable Delivery Kits for the Pregnant Women

6.9.1 The SRS data for 1990 indicates that the proportion of deliveries attended by untrained hands is still very high, particularly in the rural areas of States of Assam, Bihar, M.P., Orissa, Rajasthan and U.P. The CSSM Programme, therefore, accords a high priority to speeding up the training of Traditional Birth Attendants (Dais) in all States/UTs, particularly in the above mentioned States. The reporting fee to the Dais has also been enhanced from Rs.3.00 per case to Rs.10.00 per case under the CSSM programme. The programme has also made a provision for cash assistance to the States/UTs for supply of disposable delivery kits to the pregnant women.

6.9.2 The cash assistance provided to the States for the above activities was to the tune of Rs.550 lakh in 1992-93. During 1993-94, the cash assistance has been earmarked at Rs.650 lakh.

6.9.3 During 1992-93, the States have reported to have trained 9,382 Dais. The target for 1993-94 is to train another 31,100 Dais.

6.10 Acute Respiratory Infections (Pneumonia) Control

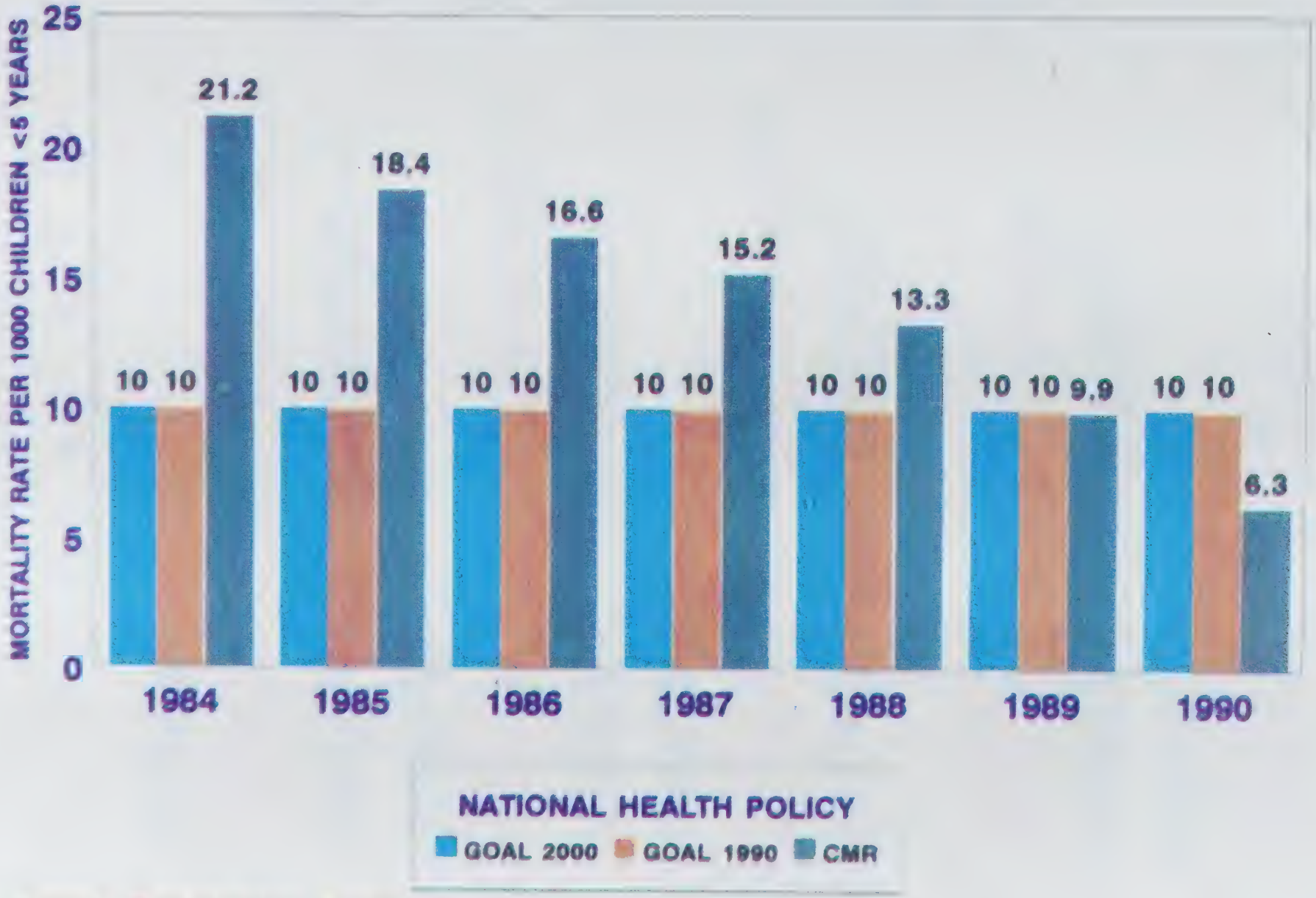
6.10.1 Pneumonia is another leading cause of deaths of infants and young children in India, accounting for 20% of the under five deaths. The ARI control strategy was developed during the period 1989 and implemented in 24 districts on a pilot basis during 1991. The Programme includes training of peripheral level health workers on recognition of pneumonia and treatment with contrimoxazole. An evaluation carried out in two districts in 1991 found that the trained health workers were able to correctly diagnose and treat pneumonia. Contrimoxazole availability at Sub-Centre level was also adequate.

6.10.2 The rational treatment of ARI and prevention of deaths due to pneumonia is now an integral part of CSSM and the health workers are being imparted practical skills training in ARI management. Contrimoxazole is being supplied to the health workers through the CSSM drug kit. Communications will focus on recognition of symptoms and referral, and will be channelled through mothers meetings, inter-personal communication with ANMs and other sectors such as ICDS.

6.11 Training Under CSSM

6.11.1 The CSSM training, to be expanded

UNDER FIVE CHILD MORTALITY RATE



Source : Sample Registration System

IMMUNISATION

REPORTED COVERAGE LEVELS(%)

in a phased manner, beginning with 51 districts in 1992-93, has two objectives: (i) to retrain the medical and para-medical workers for the continuing activities, viz. immunization, ORT, prophylaxis schemes and (ii) to impart skill based training to the medical and para-medical personnel for pneumonia control activities and essential new born care. Thus, the training for the programme managers, medical officers and the para-medical staff has been integrated to include the entire range of maternal and child health care interventions.

6.11.2 Upto September 1993, 24 regional training/orientation workshops for State Core Members have been organised in which 511 DIO / DHOs, Principals of HFWTCs and other medical officers have been trained. Training of para-medical workers in the 51 districts taken up in 1992-93 (Phase I) has already been completed, while training of Medical Officers and para-medical workers is in progress.

6.11.3 An integrated training module on management of diarrhoea, ARI and newborn care for the clinicians has also been developed.

6.12 First Referral Units (FRUs) for Emergency Obstetric Care

6.12.1 Selected rural health facilities, with a sanctioned post of a gynaecologist and an operation theatre, are being upgraded by providing essential equipment and skill based training, where required. About 6 to 12 such FRUs (for 300,000 to 500,000 population) are expected to be established in each district and will be in addition to the district hospital. Easier accessibility to adequate medical care is essential for an effective referral system and for promoting timely and early referral under the CSSM. Since the CSSM outlays are limited, in this regard, the States of Uttar Pradesh, Madhya Pradesh, Rajasthan, Bihar, Orissa and Assam, other States are to mobilise their own resources for upgrading health facilities for providing emergency obstetric care and medical treatment of maternal complications.

6.13 Assistance to States in 1992-93 & 1993-94

6.13.1 During the year 1992-93, the estimated cash and commodity assistance to the States/UTs has been calculated at Rs.100.73 crore. This consists of Rs.26.54 crore as cash assistance and Rs.74.18 crore as kind assistance. The kind assistance comprised of vaccines, cold chain equipment, iron and folic acid tablets, Vit. "A" solution, Oral Rehydration Salt (ORS) packets for all districts and medicine kits for the 51 districts.

6.13.2 For the year 1993-94, the programme has been provided with an outlay of Rs.125.00 crore. Out of this outlay the cash and kind assistance earmarked for the States/UTs has been estimated at Rs.123.93 crore. This will consist of Rs.27.80 crore as cash assistance and Rs.95.00 crore as kind assistance.

APPENDIX-I

REPORTED COVERAGE LEVELS : 1992 - 93

STATE	ACHIEVEMENT : as % age of estimated infants and pregnent woman				
	DPT	OPV	BCG	MSL	TT(PW)
1	2	3	4	5	6
LARGER STATES					
Andhra Pradesh	98.96	99.08	106.88	93.41	103.70
Assam	80.08	80.29	90.86	72.33	62.21
Bihar	77.76	77.58	84.52	70.75	63.32

APPENDIX-I (CONTD.)

1	2	3	4	5	6
Gujarat	92.18	93.74	97.35	88.27	87.08
Haryana	85.97	89.86	100.68	91.63	75.80
Karnataka	90.20	90.45	98.61	84.02	91.26
Kerala	99.08	102.60	110.90	90.38	100.17
Madhya Pradesh	77.21	77.34	81.25	79.18	65.06
Maharashtra	96.78	99.00	100.73	91.02	85.42
Orissa	89.31	89.77	98.61	81.74	76.43
Punjab	103.88	104.41	113.62	105.20	96.67
Rajasthan	91.65	91.81	95.21	90.56	82.01
Tamil Nadu	103.84	104.57	115.49	102.29	100.12
U.P.	91.95	91.97	95.78	89.62	72.42
W.B.	86.87	87.99	87.77	70.51	76.30
SMALLER STATES					
H.P.	93.71	93.23	100.03	90.61	80.01
J&K	66.60	70.50	84.57	62.02	28.74
Manipur	83.31	83.16	87.80	70.20	77.86
Meghalaya	43.82	41.59	62.79	28.98	35.33
Nagaland	51.97	50.95	73.62	53.64	34.91
Sikkim	93.51	93.59	95.93	80.75	60.95
Tripura	60.82	61.10	94.73	64.35	38.85
A&N Islands	99.90	99.95	100.02	95.08	89.05
Arunachal Pradesh	63.92	59.85	70.40	45.34	38.06
Chandigarh	139.50	140.90	144.53	114.91	120.97
D&N Haveli	100.18	100.06	98.85	86.41	74.79
Delhi	97.37	99.68	115.14	98.80	91.84
Goa	117.33	117.56	130.72	111.57	97.84
Daman & Diu	108.33	108.99	102.17	101.20	100.91
Lakshadweep	107.28	105.56	109.78	109.70	117.06
Mizoram	117.98	117.48	104.52	110.87	99.70
Pondicharry	113.43	115.61	129.64	108.56	114.60
ALL INDIA	89.50	90.16	95.74	85.05	78.50

Immunization session in progress.

Primary Health Centre for every 30,000 population in plain areas and 20,000 in hilly and tribal areas.

RURAL HEALTH SERVICES

Health Infrastructure in rural areas is of prime importance for realisation of the objectives set forth in the National Health Policy and for attaining the goal of "HEALTH FOR ALL BY THE YEAR 2000 A.D." Co-ordinated efforts are being made under various Rural Health Programmes to provide effective and efficient services to the people in the rural areas.

7.1.2 Numerous programmes and schemes are being implemented under the Minimum Needs Programme to provide Primary Health Care relevant to the actual needs of the community in the rural areas. The status of establishment of the Sub-Centres, PHCs and Community Health Centres under the Minimum Needs Programme, is detailed in ensuing paragraphs.

7.1.3 *Sub-Centres*: A Sub-Centre is established on the basis of one Centre for every 5,000 population in plain areas and for 3,000 population in hilly and tribal areas. Till the end of the 7th Plan, 1,30,336 Sub-Centres, were functioning while their number rose to 1,31,471 by the end of September, 1993 against the estimated requirement of 1.38 lakh Sub-Centres for the Seventh Plan. Due to non-availability of funds for opening new Sub-Centres the targets were not allotted to the States/UTs during the years 1990-91, 1991-92, 1992-93 and 1993-94.

7.1.4 *Primary Health Centres:* Primary Health Centres are established on the basis of one PHC for every 30,000 population in the plain areas and for every 20,000 population in hilly, tribal and backward areas. Number of PHCs functioning in the country was 18,981 by the end of 7th Plan (1.4.90) which rose to 21,024 PHCs by the end of September, 1993.

7.1.5 *Community Health Centres (CHCs):* Rural hospitals with specialist facilities established by upgrading PHCs have 30 beds to cover a population of 80,000 - 1.20 lakh. By the end of 7th Plan (1.4.90) the number of CHCs functioning was 1,911 which rose

to 2,293 CHCs by the end of June, 1993. The CHCs act as referral Centres for four PHCs in a Block.

7.2 Auxilliary Nurse Midwives (Female Health Worker) Training Programme

7.2.1 Each Sub-Centre is manned by one Male Health Worker and one Female Health Worker (Auxilliary Nurse Midwife). In order to train the required number of ANMs in the rural areas, there are 462 ANM Training Schools functioning in the country with an annual admission capacity of 19,290. The duration of the training is 18 months. It is proposed to utilise these training institutions for providing continuing education programmes for ANMs on a variety of subjects, besides providing the basic training programme of 18 months duration.

7.3 Female Health Assistant Training Programme (LHV)

7.3.1 One Female Health Assistant has to supervise the work of six Sub-Centres in the rural areas. She provides technical guidance and supervision to the ANMs who are working in rural areas. The senior ANMs are trained for six months to take up the post of LHV, which is a promotional post. 44 training schools with an admission capacity of 2,758 that are functioning in the country. These training schools are utilised for giving continuing education for Female Health Assistants (LHV) besides providing basic training programme of six months duration.

7.4 Village Health Guide Scheme

7.4.1 The Village Health Guide Scheme was initially started as Community Health Workers Scheme on 2nd October, 1977 in all States except Tamil Nadu, J&K, Kerala and Arunachal Pradesh. The Scheme was renamed as Village Health Guide Scheme in 1981, when it was made 100% Centrally sponsored scheme under F.W. Programme. According to the scheme the village community selects a volunteer as VHG, who after training acts as a link between the community and the Governmental Health System. He/She mainly provides health education, and creates awareness on MCH & F.W. Services. He/she has to keep track of communicable diseases and treat minor ailments and provide first aid to the patients.

7.4.2 4.15 lakh VHGs have been trained till now. Each trainee is imparted 3 months training at the PHC level during which period he/she is paid a stipend of Rs. 200 per month. During training, a VHG is also provided kit containing common articles of use and medicines and a manual. At present 3,24,727 VHGs are on the role of State Governments/UTs. Each VHG is paid an honorarium of Rs.50 per month.

7.5 Multi-Purpose Worker (Male)

7.5.1 As per the norms, each Sub-Centre is required to be manned by a trained Female Health Worker (ANM) and a trained Male Health Worker known as Multi-Purpose Worker (Male). The Govt. of India had initiated a scheme of training and thereby converting the uni-purpose workers under various programmes to multi-purpose worker in 1978. This training was continued till 1990. However, because of the shortage of MPW's (Male) at Sub-Centre level, a scheme of basic training for MPW (Male) was initiated during the 7th Plan period. Under this scheme, the 10th Pass candidates are selected and trained for one year before they are inducted into the service.

7.5.2 The basic training of MPW (Male) has been initiated by opening 44 such schools in various States. Against the sanctioned strength of 50 schools, out of which 40 schools are functioning at present. As these schools were found to be inadequate to meet the requirements of training of MPW's (Male), this training was also initiated in 36 HFWTCs. Additional staff was sanctioned for training of MPW's (Male) in HFWTCs.

7.6 Orientation Training of Medical and Para-Medical Personnel

7.6.1 This is a Centrally sponsored scheme under the Family Welfare Programme.It was started with the objective to train Medical and Para-Medical Personnel working at PHCs and Sub-Centres. Each category is placed to be imparted training in the same institution, where they had their basic training. The duration of the training is two weeks.

7.6.2 *Pattern of Assistance:* The financial assistance admissible under the scheme is in the form of 100% non-recurring grant towards a hostel for 20 trainers alongwith lecture and demonstration room, kitchen articles, training equipment and aids. The recurring grant is admissible on 50:50 sharing basis between the Govt. of India and the State Governments and the components covered under this are: rent for hostel (till the building is constructed), contingency, consumable training material; additional teaching staff for hostel and class rooms of the HFWTCs and stipend for the trainees. For HFWTCs, which have been augmented under the scheme of orientation training of medical and para-medical personnel only stipend is admissible to trainees. Regarding UTs, as they do not have enough training facilities available with them, they will seek the assistance of adjoining States to train their personnel.

7.6.3 *Progress*: The Scheme is in operation in the States of Andhra Pradesh, Assam, Bihar, Gujarat, Haryana, Himachal Pradesh, Jammu and Kashmir, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Orissa, Punjab, Tamil Nadu, UP and West Bengal.

7.6.4 *Progress of expenditure:* The 7th Plan allocation for the Scheme was Rs. 1,000 lakh. The details of allocation releases made and anticipated expenditure is as stated Appendix - I.

7.6.5 During 1993-94, Rs.80 lakh has been allocated for this Scheme.

7.7 Health and Family Welfare Training Centres (HFWTCs)

7.7.1 Health and Family Welfare Training Centres are established in the country with the objective of giving in-service training to health personnel in the rural health sector. These training centres are set up with 100% financial assistance from the Central Government. There are 47 HFWTCs in the country at present.

7.7.2 The category of health personnel given in-service training at HFWTC and the period of training is as below:-

Medical Officer	2 weeks
Health Assistants (Male & Female)	2 weeks
Health Workers	2 weeks
Block Extension Educators	2 weeks
Key Trainers of ANM School	2 weeks

7.7.3 In addition to the above training, the HFWTCs take up in-service training under various vertical National Programmes as well. From 1982, HFWTCs are giving basic training to MPW's (M) also.

7.7.4 *Funding Pattern of HFWTCs:* The HFWTCs are funded under 100% Central assistance from the Family Welfare Budget. The different components which are funded are as shown in Appendix-II

7.7.5 The recurring costs of one HFWTC comes to Rs.9.5 lakh approximately.

Appendix-I

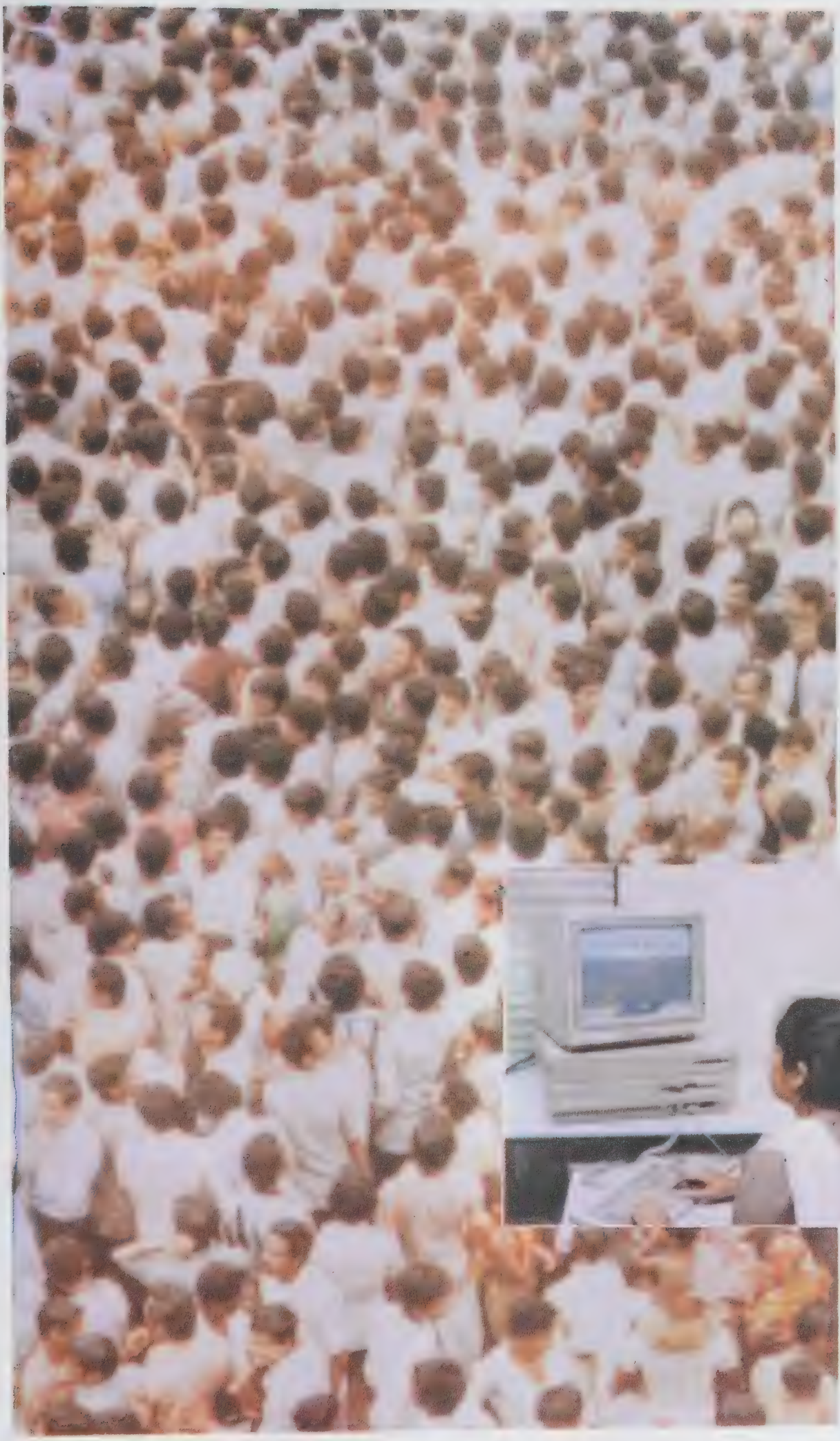
PROGRESS OF EXPENDITURE

Year	*Allocation*	*Anticipated expenditure (Rs. in Lakh)*
1985-86	Nil	Nil
1986-87	50.00	Nil
1987-88	150.00	67.37
1988-89	100.00	43.74
1989-90	50.00	50.00
1990-91	50.00	49.90
1991-92	83.00	78.00
1992-93	80.00	39.96

Appendix-II

FUNDING PATTERN OF HFWTCs

Non-recurring	
1. Vehicles (one bus, one mini bus and one jeep or two mini buses and one jeep) and equipments including duplicating machine, projector, typewriter and furniture.	Rs.1,36,500.00 (old expenditure as no training centre has been sanctioned after 1975).
2. Construction	Cost of 20,350-20,450 sq.ft. plinth area as per the blue print of Government of India.
Recurring (per annum)	
3. Pay & allowances, etc. of the staff (as per pattern).	Rs.8.5 lakh at present (approx.)
4. Contingencies including purchase of educational materials, books for library, periodicals, postage, telephone charges, electricity and water charges, printing and stationery and other items.	Rs.6,000.00 (per annum)
5. Cost of petrol and maintenance of vehicles at the rate of Rs. 12,000/- and Rs. 9,000/- (for petrol & diesel drive vehicles respectively).	Rs.36,000.00 per annum. (Revised from time to time).
6. Rent for training centre and hostel for trainees in case Govt. accommodation is not available.	Rs.18,000.00 per annum
7. Payment to Guest Faculty	Rs.1,500.00 per annum



Around 17 million people are added to the country's population every year.

Demographic studies and data processing are extremely helpful in policy formulation.

DEMOGRAPHIC RESEARCH AND EVALUATION

Government of India has accorded top priority to Population Research since initiation of Plan-era i.e. right from the First Five-Year Plan. On the recommendations of Demographic Sub-Committee, appointed by the Research Programme Committee of Planning Commission in 1955, the Demographic Research Centres were set up in selected Centres to undertake Research on various Demographic, Social and Economic Aspect of Population Growth in their respective regions. Family Planning Communication Action Research Centres were added, later on, to undertake research studies in the field of Family Planning Communication to evolve more efficient educational and action programme for acceptance of small family norm. Both these Centres were dovetailed in the year 1978 and a new nomenclature was given i.e. Population Research Centres (PRCs) in 1978-79.

8.1.2 At present, there is a network of 18 PRCs functioning in the country. Of these, 11 are located in Universities, 6 in Non-Government Institutions of high repute and 1 in the State Government. These PRCs can broadly be categorised under two heads: (i) 'Fully Developed Centres'; and (ii) 'Not-Fully Developed Centres' depending upon their staffing pattern, i.e. budgetary allocation and workload. The Government provides 100% financial assistance to these Centres in the form of journals and vehicles and other infrastructural equipments etc. In addition, training is also imparted to the officers of PRCs to enhance their research capabilities.

8.1.3 Since their inception, the PRCs have conducted research on varied topics, such as, trends in Population Growth, General Demography, Socio-Economic and Demographic Correlates, Communication and Family Welfare - Incentives, Disincentives, Motivation, Family Planning, etc. These studies have proved very useful in policy formation and programme implementation. The studies conducted by PRCs provide

valuable information on important aspects, such as, non-acceptance of Family Planning Methods, gaps between awareness and acceptance, levels and trends of fertility, reasons for discontinuation, misconceptions about various contraceptive use or shift in contraceptive acceptance and involvement of voluntary organisations in Family Planning Methods. These findings definitely brought policy implications and changes in the strategies and programmes of Family Welfare.

8.1.4 The activities of PRCs are monitored at regular periodic intervals by the Ministry of Health and Family Welfare. In order to co-ordinate the activities of the State, D&E Cell and PRCs and to ensure meaningful discussion of their capabilities and available expertise, Research Coordination Committees have also been constituted at the State level. IIPS provides guidance and directions on the methodologies of research, sample design and even in selecting topics of research, both of National and State-specific importance.

8.1.5 During the year 1992-93, 78 Research Studies/Papers were completed by these PRCs, while 108 Studies were in progress as on 1.4.1993. The achievement of PRCs is quite commendable as, besides these studies, they were also involved in the supervision and on-the-spot checking of the field work of National Family Health Survey (NFHS) during the year under review. The field work of NFHS was conducted under the USAID Project, "Strengthening of Survey Research Capabilities of PRCs".

8.2 Field Sample Check of Family Planning Acceptors

8.2.1 Sample verification of Family Planning acceptors is carried out by State D&E Cells, Regional Health Offices and Rational (Central) Evaluation Teams in order to know the impact of the Family Welfare Programme in the country and to have a continuing check on the reliability of the reported statistics. The findings of these sample checks are communicated to the States for further necessary action in the direction of improving the quality of the programme.

The Minister of Health and F.W. Shri B. Shankaranand presiding over the 3rd Meeting of the National Tripartite Committee on Family Welfare Planning.

Encouraging response from the people to avail of the Health and Family Welfare services.

ORGANISED SECTOR AND VOLUNTARY ORGANISATIONS

The Family Welfare Programme is sought to be implemented through the organised sectors of trade and industry by educating and motivating the workers employed in the public and private sectors. NGO and Voluntary Organisations are also being increasingly involved to make the acceptance of the small family norm, a people's movement.

9.2 Organised Sector

9.2.1 Realising that the organised sector is employing over 25 million workforce and with their dependents they constitute about 14% of the country's population, it has been considered necessary to bring this population fully within the ambit of the family welfare programme. For this purpose a Tripartite Committee called Tripartite National Committee on Family Welfare Planning consisting of representatives from the Industry, Trade Union Organisations and the Government Departments was constituted under the Chairmanship of the Union Minister of Health and Family Welfare in October, 1991. The Committee has held three meetings, the first on 10th February 1992, the second on 16th November 1992 and the third on 4th November 1993.

9.2.2 As a result of these meetings a number of important decisions have been taken. These include setting up of Family Welfare Cells in the industries; instituting awards for Electronic Media, Press, Organised Sector and Voluntary Sector for creating national awareness on population control; adoption of slogans on 'small family norm' by industries in their product advertisements; giving wider publicity to income tax exemption benefits on the expenditure incurred by industries on promotion of Family Welfare Programme; adoption of specific areas with poor demographic indicators and low literacy rate by the industries for intensive work in family planning and education; sponsoring of TV spots and film serials on small family norm, etc.

9.2.3 Also some Family Welfare Projects have been undertaken in the unorganised and semi-organised sectors in different Project areas in the country with UNFPA assistance. These ongoing projects relate to (i) The Working Women in Tamil Nadu; (ii) Plantation Workers in West Bengal; (iii) Tribal Population in Gujarat; (iv) Beedi Workers in UP, MP, Orissa and West Bengal and (v) Milk Producers in Gujarat.

9.2.4 Some Ministries/ Departments/ Public Sector Enterprises are also being given budgetary support from the Department of Family Welfare for implementing family welfare programme including MCH and immunisation services in those Departments/Public Sector Enterprises. These include Ministry of Railways, Ministry of Defence, P&T Department, Border Roads Development Organisation and the Public, Sector Enterprises like HEC, Ranchi, BHEL, Bhopal and Ranipur.

9.2.5 The budgetary provisions made for the Family Welfare programmes in the organised sector for 1992-93 and 1993-94 is given below

BUDGETARY PROVISIONS (Rs. in lakh)

Sl. No.	Ministry/Organisation	B.E. 1992-93	B.E. 1993-94
1.	Ministry of Railways	338.00	338.00
2.	Ministry of Defence	212.00	212.00
3.	P&T Department	7.30	6.90
4.	Border Roads Development Organisation	0.10	0.10
5.	Ministry of Labour- Population Cell	2.00	2.00
6.	ILO/UNFPA F.W.Projects	118.00	118.00
7.	Voluntary Organisation in Organised Sector	10.00	10.00
	TOTAL :	692.40	692.64

9.2.6 The performance in family welfare activities during 1993-94 in respect of Ministry of Railways and Ministry of Defence is shown in Table I and Table II. ,

TABLE I
PERFORMACE IN FAMILY WELFARE ACTIVITIES DURING 1993-94

Method	Proportional	Achievement during April 1993-94	June 1992-93
Sterilisation	4,815	2,693*	3,965
IUD	3,045	1,708*	2,508
CC users	3,54,113	2,70,999*	2,69,360
OP users	4,919	4,549*	4,177

*Achievement upto May,1993

TABLE II
FAMILY WELFARE ACTIVITIES DURING 1993-94

Method	Proportional target during 1993-94 April 1993 to June,1993	Achievement during April 1993-94	June 1992-93
Sterilisation	3,210	3,935	4,621
IUD	3,045	2,790	3,559
CC Users	51,908	45,992	37,171
OP Users	3,078	1,015	2,623

9.2.7 The on going family welfare projects being implemented with UNFPA assistance are given below.

ONGOING FAMILY WELFARE PROJECTS BEING IMPLEMENTED WITH UNFPA ASSISTANCE

Sl. No.	Name of Project	Project Duration	UNFPA Project cost	Grants Released upto Sept.1993
1.	F.W. Project for Working Women in Tamil Nadu - by WWF, Madras	5 years (April'90-March'95)	102.00	97.92
2.	F.W. Project for Plantation Workers in West Bengal - by ITA.	5 years (Feb.'91-Jan.'96)	168.17	55.50
3.	F.W. Project for Tribal Population in Gujarat - by RLA, Bardoli.	5 years (Apr.'91-Mar.'96)	172.35	58.76
4.	F.W. Project for Milk Producers (Gujarat) - by Charutar Arogya Mandal, Vallabh Vidyanagar.	3 1/2 years (Jan.'92-Jun.'95)	39.00	22.00

9.2.8 The progress of these projects has been reviewed by the Tripartite Project Review Committee headed by Secretary(FW).

9.3 Non-Governmental Organisations

9.3.1 The Family Welfare Programme has, by and large, remained a Government programme so far. It has now been accepted that involvement of the non-Governmental organisations in the programme will give it the much desired impetus as the voluntary workers can work in close collaboration with the people and bring about desired changes in social and personal attitudes, perceptions and behaviour more than the staff of the Government hierarchy. Many steps/initiatives have been taken in the recent past to broadbase the involvement of the Non-Governmental Organisations for promotion of the Family Welfare Programme.

9.3.2 *Model Schemes:* (i) New NGO schemes have been formulated and notified in June/August,1993 with emphasis on promotion of small family norm and population control. These schemes are to be implemented in weak areas, which have couple protection rate below 50% or where Crude Birth Rate is over 35 per thousand or where other indicators like IMR, MMR, CBR, CDR, etc., taken together necessitate such supplemental efforts. The financial assistance under these schemes has been liberalised for ensuring larger participation of the NGOs in the programme. Apart from improving upon the existing level of mother and child health, these schemes aim at raising the level of couple protection rate to 100 per cent. Under one scheme facilities for sterilisation beds can also be set up in rural areas as well as slums in the cities where existing facilities are either distant or are non existent.

9.3.2 (ii) Due to wide publicity given to these new schemes through the print media and by holding regional conferences, a very encouraging response has been received from the NGOs. A large number of projects which are under scrutiny/sanction have been submitted.

9.3.3 *Simplification of Procedures:* With a view to speeding up disposal of NGO projects and prompt release of grant, the existing procedures for grant-in-aid have been liberalised. Also a Nodal Officer in each State/U.T has been identified to deal with the NGO sector schemes and they have been sensitised about their role by holding regional workshops/ meetings.

9.3.4 *Setting up of State Level SCOVA Committees:* States/UTs are being encouraged to involve themselves fully in the family welfare programme. For this purpose they have been asked to set up State level SCOVA Committees to deal with the NGO sector schemes/ projects. Almost all States have set up these Committees and have started clearing projects of the NGOs. Powers to the extent of Rs.10 lakh per project have been delegated to this Committee.

9.3.5 *Setting up of Mother Units:* To increase involvement of NGOs in the family welfare programme larger organisations having adequate expertise, capability and sound financial footing are being involved to render technical guidance and assistance in recommending their projects for sanction and subsequently taking up their monitoring and evaluation. An imprest of Rs.5 lakh has been sanctioned to these organisations out of which money will be released to the smaller NGOs and matching reimbursement claimed by the mother units from the Government ensuring that the imprested money does not fall below Rs.5 lakh at any given time. This imprest is being enhanced to Rs.10 lakh. The mother unit is authorised to extend funding upto 50 organisations.

9.3.6 *IPP-VII Project of World Bank:* Out of the provision under IPP-VII Project an amount of Rs.24.59 crore has been earmarked for involvement of the NGOs. Yearly releases to the States out of this provision are being made which are to be utilised by the State SCOVA Committees.

During 1993-94 an allocation of Rs.1 crore has already been made.

9.3.7 *Training Schemes for NGOs:* For effective involvement of the NGOs for promotion of the family welfare programme, they are required to be trained in project formulation, financial management, project monitoring and evaluation. State Governments have been advised to identify one organisation in the Government sector and if necessary another in the NGO sector for undertaking such activities. So far 3 projects of voluntary organisations for training of NGOs have been sanctioned.

9.3.8 *Workshops / Seminars /Study Tours of NGOs:* States/UTs have been requested to hold workshops/ seminars/study tours or NGOs for sharing experiences and interaction between the various organisations. A few States have organised such study tours and meetings.

9.3.9 *Preparation of a Directory of Voluntary Organisations:* A directory of voluntary organisations has been prepared through the Family Planning Association of India. The directory includes information on the type of voluntary organisation, its current activities, geographical coverage and financial position, type of health and family welfare activities, source of assistance, the support it requires for undertaking community based activities in the National Family Welfare Programme.

9.3.10 *Budget Provision and Sanctioning of Projects :* There is a total budget provision of Rs.4.90 crore for the NGO sector schemes to be sanctioned by the Department of Family Welfare and the mother units during 1993-94. A list of organisations which have been sanctioned/released grant-in-aid between Rs.1 lakh and Rs.5 lakh is placed at Annexure-V.

9.3.11 *PVOH-II Scheme:* The PVOH-II Scheme was formulated on 31.8.1987 by virtue of an agreement signed with USAID who agreed to fund this project with $ 10 million. The project completion date is upto 31.9.1997. The number of projects to be funded is 40. The funding pattern is 75:25, i.e. 75 per cent by the Government and 25 per cent by the NGO.

9.3.12 The scheme seeks to reduce morbidity, mortality and fertility among the rural and urban poor in the country. The purpose of the project is to expand and improve basic and special preventive health, family planning and nutrition services for the poor by strengthening support to the voluntary sector with special attention to less served areas and deprived population.

9.3.13 So far 35 projects (29 outreach service and 6 support service) have been sanctioned under the scheme. Details of those organisations which have been given grants between Rs.1 lakh to Rs.5 lakh are given in Appendix I and those given grants above Rs.5 lakh are shown in Appendix II.

APPENDIX-I

LIST OF ORGANISATION RELEASED GRANT-IN-AID BETWEEN Rs.1.00 LAKH AND Rs.5.00 LAKHS DURING 1993-94

Sl. No.	NAME OF ORGANISATION	AMOUNT OF GRANT AID FOR THE YEAR '93-94	PURPOSE FOR WHICH THE GRANT-IN-AID WAS UTILISED
1	2	3	4
1.	Boroda Citizen Council, Baroda, Gujarat	5,00,000	For implementation of their PVOH-II project Programme on Health and Family Welfare and Nutrition Services.
2.	Pravara Medical Trust, Loni, Maharashtra	2,37,240	- do -

APPENDIX-I (CONTD.)

1	2	3	4
3.	Jawahar Medical Foundatin, Maharashtra	3,39,527	- do -
4.	K. E. M. Hospital, Pune	3,10,850	- do -
5.	Sewadham Trust, Pune	3,27,716	- do -
6	Sub PVOs by SOSVA, Pune		
7	Bhartiya Grameena Mahila Sangh, Indore,MP		- do -
8.	Indian Institute of Youth & Development Kalinga, Phulbani, Orissa		- do - - do -
9.	Orissa Institute of Medical Research & Health Services, Cuttack, Orissa.		- do -
10.	Jaipur Rural Health & Development Trust, Jaipur, Rajasthan		- do -
11.	Karunya Rural Community Hospital, Madras, Tamil Nadu		- do -
12.	Rural Education & Development Society, Sivagangai, Tamil Nadu		- do -
13.	Janhitkari Chikitsalaya, Kanpur, U. P.		- do -
14.	Kamala Nehru Memorial Hospital, Allahabad		- do -
15.	Guna Unnayan Parishad, Calcutta, W.B.		- do -
16.	National Institute of Health & Family Welfare New Delhi.		- do -
17.	National Federation of Labour Cooperatives Ltd., New Delhi.		Grant-in-aid to the Voluntary Organisations to implement their Project titled "Pilot Project for delivery of Family Welfare and MCH Services among the workers and familities of Labour Cooperatives in a district using Primary Health Care approach" to be located in District Gurgaon, Haryana.
18.	Jagjeevan Balaheena Varga Abhirudhi Sanga, Cuddappa, A.P.	4,20,400	For Implementation of their innovated methods/ Programme for F.W.
19.	Centre for Labour Education and Research, Bilaspur, MP(for FETM Pro.)	1,40,000	- do.-
20.	Child in Need Institute, Calcutta.	4,87,450	For Implementing Project on F.W. of the Smaller PVOs under the Rolling Fund Scheme.
21.	Centre for Labour Education and Research, Bilaspur, M.P. (for R.F.S.)	4,46,178	- do -

Appendix-II

LIST OF ORGANISATION RELEASED GRANT-IN-AID OVER Rs.5 LAKH DURING 1993-94

Sl. No.	*Name of the Organisation*	*Amount of Grant-in-Aid for the Year 1993-94*	*Purpose for which the Grant-in-Aid was Utilised*
1.	Assam Imdadiya Hospital Committee, Guwahati, Assam	12,72,300	For implementation of their PVOH-II Project Programme on Health, Family Welfare and Nutrition Services.
2.	SOSVA, Pune, Maharashtra	10,38,000	- do -
3.	Rural Development Organisation, Manipur	17,51,000	- do -
4.	Sarvajanik Parivar Kalyan and Seva Samiti, Gwalior, MP.	6,42,016	- do -
5.	Naujhil Integrated Rural Project for Health and Development, U.P.	10,33,540	- do -
6.	Women in Social Action, West Bengal	7,61,797	- do -
7.	ICCWR, Lucknow	5,89,450	- do -

The Vice-President, Shri K.R. Narayanan presenting the Awards for best work in Family Welfare.

Information, Education and Communication Division organised an exhibition during IITF 93 at New Delhi.

INFORMATION, EDUCATION AND COMMUNICATION

The IEC Division formulates communication strategy, provide guidelines for implementation and monitors progress of IEC activities in the country. The IEC Division also designs, produces and distributes varied types of proto-types of media software throughout the country. In the year under review, it has provided schemes for sensitization of opinion leaders and organising mass campaigns to the community in the areas with poor demographic indicators.

10.2 New Initiatives and Thrusts

10.2.1 During the year under report, IEC activities based on communication strategy for revamping Family Planning in 90-weak districts, developed last year were intensified. Greater emphasis was laid on a more judicious media-mix based on local specific media forms and need-based inter-personal communication schemes. More stress was given at grass-root level and the segments not reached by conventional mass-media channels for effectively transmitting population related values and messages. Mobile units/vans utilising multi-media channels such as audio-visual and enter-educate material through the electronic media, print material designed for the neo-literate and semi-literates; exhibitions, inter-personal communication through para-medical functionaries have been deployed in remote areas. Greater emphasis was given to training and development of training material for Mahila Swasthya Sangh Members and other grass-root level functionaries. Specific allocation to the States was made for these activities as also for area-specific, local, interactive, innovative IEC activities in selected districts other than the 90-weak districts.

10.3 IEC Budget

10.3.1 The allocation for IEC activities for 1993-94 is Rs.2,500.00 lakh out of which Rs.1164.00 lakh have been allocated to the States/UTs; Rs. 615.00 lakh for Media Units of the Ministry of I&B and Rs.725.00 lakh

have been earmarked for Information, Education and Communication Division at headquarters under plan funds. Rs.80.00 lakh have been allocated for the Mass Mailing Unit of the Ministry under the Non-Plan Budget. The IEC Division regularly monitors the expenditure being incurred both by the States/UTs and at the Central level.

10.4 Activities at Headquarters

10.4.1 *Release of Coin with Family Welfare Message:* A two-rupee coin with an appropriate family welfare message was released by the President of India on the occasion of World Population Day on 11th July, 1993, designed by the Art Wing of the IEC Division. The coin depicts a couple with the girl child and the slogan "CHHOTA PARIWAR : KHUSHIAN APAAR".

10.4.2 *World Population Day:* World Population Day was observed at various levels, National, State, District, Block and Village level in every part of the country, focussing on the need to control population growth. A two-page special newspaper supplement was brought out on the occasion, featuring messages from the President, the Prime Minister, the Union Minister of Health and Family Welfare and the Deputy Minister of Health and Family Welfare. . The electronic media; radio and television prominently covered the occasion. numerous programmes were organised by States, other agencies, NGOs, the organised sector and the media units of the Ministry of Information & Broadcasting based on the guidelines given by the Ministry. Various programmes, such as, public meetings, rallies, cultural programmes, competitions for students and youths, health camps, population education activities, street plays, etc. were organised jointly by the Department of Health & Family Welfare, the Organised Sector, NGOs and Media Organisations.

10.4.3 *National Tripartite Awards:* Awards for Best Work in Family Welfare have been instituted by the Department of Family Welfare as a step to encourage private professionals for media software production and other promotional activities by the voluntary and organised sector. Awards have been instituted for production of Audio-Visual, Software, contribution to Family Welfare issues by the Press and for voluntary agencies and organised sector.

10.4.4 *Awards Distributed in July 1993*: The first set of Awards relating to work done in 1992 were distributed by the Vice-President of India in an impressive ceremony in March, 1993, in the presence of the Minister for Health and Family Welfare, the Deputy Minister for Health and Family Welfare and Shri P.A. Sangama, Vice Chairman of the Tripartite National Committee. The Awards were given away for excellence in production of video films, documentaries, jingles, radio programmes, songs and best work in the Voluntary & Organised Sector respectively. The Awards for 1993 are to be judged on the basis of performance from October '92 to September '93.

10.4.5 *Involvement of BGVS:* The Bharat Gyan Vigyan Samiti, a voluntary organisation which has played a very important role in the promotion of total literacy, is being associated for the promotion of Family Welfare by utilising the campaign mode approach involving the community. A scheme for supporting activities in 10 Total Literacy Campaign districts and 10 identified demographically weak districts has been approved in July, 1993. The Scheme is currently under implementation in the States.

10.4.6 *Opinion Leaders Camps:* A Scheme to sensitise Opinion Leaders' by holding of one-day sessions on various aspects of Family welfare issues has been instituted in 1993-94. Under the Scheme various categories of Opinion Leaders including members of Zila Panchayats, Panches, private practitioners, teachers, etc. will be exposed to Family Welfare issues in sessions to be organised by the States. Funds have been provided to UP, MP, Rajasthan, Bihar, Gujarat, Andhra Pradesh, Haryana, Assam and Orissa under the Scheme.

10.4.7 *Deployment of Video Vans:* Sixteen identified districts of UP, MP, Rajasthan and Bihar in the months of March-April, 1993 and ten districts of MP, Rajasthan, Haryana, Bihar and UP in June-July, 1993 were covered by video vans which organised shows of video-films, distribution of print material, oral communication programmes and audio-programmes for a cycle of one-month each covering around 52 villages. The software packages consist of dialect based featurettes and quickies on prevention of early marriage, spacing, use of contraceptive, safe motherhood practices, immunization, etc. More districts will be covered during the remaining part of the year.

10.4.8 *Participation in India International Trade Fair:* The IEC Division of the Department of Family Welfare participates in the India International Trade Fair every year by putting up an exhibition projecting the population problem, its implications on the quality of life, Government's efforts to control the rate of population growth through provision of information, education and communication services and to promote right age of marriage, Mother and Child Health, Safe Delivery, use of contraceptives, etc. The colourful displays are supplemented by inter-active activities such as debate/competition for school students and youth and women, live entertainment programmes, street plays, family planning counselling and distribution of printed literature. The exhibition is put up with the help of DAVP of the Ministry of Information and Broadcasting. The Department bagged the prize for best display and dissemination of message for the second consecutive year in its display in 1993.

10.4.9 *Population Clocks:* Five population clocks have been installed at ISBT, Delhi, AIIMS inter-section, Nirman Bhawan and Family Welfare Pavilion, Pragati Maidan, New Delhi and the Tribune Office, Chandigarh. These clocks will help to create an awareness of the national dimensions of the problem. Two more population clocks are planned to be installed, one each at Lucknow and Bangalore.

10.4.10 *Population Education:* Systematic dissemination of population education both by formal and non-formal ways, is one of the most important planks of the revised communication strategy. In pursuance of the revised strategy, four projects of Population Education with UNFPA assistance are proposed to be operationalised during 1993-94; three through the Department of Education, Ministry of Human Resource Development and one through the Directorate General of Employment and Training, Ministry of Labour for integrating population control messages in various curricula.

10.4.11 During the year 1993-94 the project-wise status of the various four projects are as below:-

10.4.11 (a) *Schools and Non-formal Education:* The Phase III of this project was initiated in May, 1993. The main population education activities in schools and non-formal education sectors centred around the aims of integrating population related messages in the curricula and text books, training of teachers and allied functionaries, development of need-based teaching, learning materials, dissemination of information to various agencies, conducting research and evaluation studies and popularising the message of small family norm among the younger generation through curricular and co-curricular activities.

10.4.11 (b): *Population Education in Higher Education - (Phase II) Population Education in Adult Literacy Programme - Phase II:* The Project documents for the II Phase of these two Population Education Projects, viz. in Higher Education and Adult Literacy Programme have been developed; approval of Ministry of Health and Family Welfare has also been conveyed. The formalities to obtain approval of UNFPA to make both these projects operational are being completed by the Deptt. of Education.

10.4.11 (c) Introduction of Population Education as an integral part of Social Studies curriculum in Vocational Training

Programme. The Project Document for the II Phase of this Project is in the final stage. It is anticipated that (this project would be opertionalised) during 1993-94.

10.4.12 *I.E.C. Training Scheme:* The Information, Education and Communication Training Scheme with the objective of improving primary health care at the grass-root level and to raise the credibility of Health Workers in the Community was launched in the four Hindi speaking States of UP, MP, Rajasthan and Bihar in November, 1987. The Programme had been supported by USAID funds till 31 March, 1993. In view of the benefits derived from the Scheme the Government has decided to continue with the Scheme, not only in the four Hindi speaking States, but to extend it to additional four States of Orissa, West Bengal, Assam and Haryana covering a total of 85 districts (68 old and 17 new) during 1993-94. A sum of Rs.190 lakh has been allocated to the States for implementation of the activities under the Scheme.

10.4.12 (a) Guidelines for 1993-94 along with Statewise budget have been issued to the States. The States have been instructed to consolidate programme activities under the Scheme in the old districts (68) and also to initiate Initial and Regular Training Programmes in the 17 new districts.

10.4.12 (b) Project personnel were given learning experience through Orientation Training Camps in addition to the support and guidance from Health Workers and Supervisors during their regular field visits to the villages. A variety of educational materials were developed by the States/ HFWTCs for training as well as for use by health personnel.

10.4.13 *In-House Production of A.V. Materials:* A number of audio-visual programmes were produced during the year through different agencies. Doordarshan continued to be supplied with schedules of video spots for telecast during prime time. A number of new spots have been made to keep up the regular schedule of the telecast at 7.30 pm in low power transmission and at 8.45 pm in the National Network. Spots are also being telecast on Doordarshan Metro Channel. The population clock telecast in the morning transmission is also being recorded in the Ministry and sent to Doordarshan for telecast in the morning transmission before the Hindi News. Special coverage over Doordarshan and Radio were arranged to mark World Population Day, Immunization Day, National events and award giving ceremonies. Two comic video spots were specially made on the occasion of World Population Day.

10.4.13 (a) *Haseen Lamhe:* An information and entertainment based audience-participation sponsored programme in 11 regional languages including Hindi is being broadcast from 29 stations of AIR. The programme covers topics of family planning and population issues in an interesting and absorbing manner. The ten-minute programme completed one year in September '93. The duration has now been increased to 15 minutes. The programme evolves tremendous listener response. It has bagged a prestigious national prize.

10.5. Mass Mailing Unit

10.5.1 (a) *Editorial Work:* Besides continuing to bring out the monthly journals, 'Hamara Ghar' in Hindi and 'Centre Calling' in English, the editorial and art studio scripted and designed numerous advertisements focussing popular attention on new researches like introduction of No-Scalpel Vasectomy and Saheli, the weekly contraceptive pill. Six single sheeters were brought out in Hindi and English on Nirodh, Oral Pill and Copper-T. Two booklets 'Rising Numbers' and 'Choices for Spacing' and two posters were designed by the Art Wing. Script of six folders on Nirodh, Oral Pill and Copper-T were written and given for printing.

10.5.1 (b) *Production of Print Material:* The Mass Mailing Unit produced various

educational, motivational and informational materials like Hand Bills on Nirodh, Oral Pills and Copper-T, poster in Hindi- "Swastha Maa, Swasth Santan", booklets on Norplant, model scheme for promotion of small family norm and population control, polypathy, promotion of small family norms through innovative methods, Mini Family Welfare Centre Scheme, model for assistance to non-governmental organisation for spacing methods, setting up six bedded sterilisation ward with operation theatre, National AIDS Control Organisation booklet, cover printing and binding of Agenda Notes for CCH Meeting, cover printing and binding of the Annual Report of CGHS, Agenda and Proceedings of the Tripartite National Committee besides printing of two regular monthly journals 'Hamara Ghar' and 'Centre Calling'.

10.5.1 (c) *Distribution of Materials:* The Distribution Wing of the Mass Mailing Unit has mailed over 30 lakh copies of various educational motivational, video cassettes and display material throughout the country to various audience categories of States/UTs, Government Organisations in the field of promotion of Family Welfare & MCH Programmes, including trade union leaders, voluntary organisations, cooperatives, organisations under the Ministries of Defence, Railways, P&T, Family Welfare, Training Centres, Public Sectors, etc. The Wing also distributed publicity and motivational material at various seminars, conferences, meetings, etc, organised by the Ministry. The Distribution Wing has an Address Library of about 6.5 lakh addresses and efforts continue to broadbase its out-reach by including more addresses of Village Panchayats and Health Sub-Centres.

10.6 Activities through Media Units of the Ministry of Information and Broadcasting

10.6.1 The Media Units of the Ministry of Information and Broadcasting continued to provide information, education and communication support to the Family Welfare Programme as per the requirement and guidelines of the IEC Division. The focus of their activities was on the promotion of mother and child health, problem of population growth, status of women and small family norm.

10.6.2 *Doordarshan:* Doordarshan continues to telecast one-minute spots on Family Welfare issues immediately after the Hindi Samachar bulletin on the national network and at 7.30 p.m. on the local channel. In addition to this population figures are flashed regularly during the morning transmission. The display of the population clock is accompanied with appropriate commentary about the implications of growing population. The Doordarshan Kendras provided wide coverage of the observance of World Population Day, 1993. The Kendras telecast various programmes including panel discussion, video films, special spot, spot recordings, interviews and coverage of important functions. Doordarshan has been allocated Rs. 20 lakh for 1993-94 for production of tele-films on behalf of this Ministry. As per the information available Doordarshan Kendras telecast 291 programmes and 249 spots during April to June, 1993.

10.6.3 *All India Radio:* All India Radio produces and broadcasts programmes in different formats like talks, group discussions, interviews, spot recordings, features, plays, etc. and broadcasts them for different target audience in different languages and dialects. During the period from April to July, 1993 AIR stations broadcast 27,744 programmes on family welfare as per the information available. The total duration of these programmes was 1,10,333 minutes. The Commercial Broadcasting Service of AIR have been broadcasting the sponsored programme "Haseen Lamhe" regularly as well as 30 seconds and 60 seconds spots over the various channels. The entertainment based programme is audience interactive and includes a question answer component on Family Welfare and MCH. AIR Stations

broadcast special programmes in connection with the observance of World Population Day 1993. The programmes included messages, talks, interviews and coverage of important functions. The radio-sponsored programme 'Haseen Lamhe', which is broadcast over the Commercial Service of AIR in Hindi and 10 other languages, won the prestigious award known as the Radio and TV Advertising Practitioners' Association of India (RAPA) Award for 1992.

10.6.4 *Directorate of Advertising and Visual Publicity:* The Directorate of Advertising and Visual Publicity produced a number of printed material on family welfare based on requirement projected by the IEC Division. This includes two posters on small family norm, two brochures and one single sheeter on norplant, a booklet on choices for spacing and a brochure entitled "Rising Numbers". DAVP also brought out a set of 26 posters on family welfare from their own budget for distribution to field units. Three dialect based films, "Roshini", "Swarg Mein Hartal" and "Barsane Ki Holi" and a number of video spots were produced by DAVP during the year. The DAVP has replicated the prize winning exhibition "Chhota Pariwar, Sukh Ka Adhar" developed for IITF '92 and supplied the kits to its field units. The field units of the Directorate organised a number of exhibitions covering important fairs and festivals. A prestigious exhibitiion was organised by the IEC Division and DAVP on the occasion of the meeting of the Central Council of Health and Family Welfare in July, 1993 in New Delhi. A two-page newspaper supplement on the occasion of the World Population Day '93 was designed and released by DAVP on All India basis. Newspaper advertisements on other aspects of Family Welfare such as methods of Family Planning, No-Scalpel Vasectomy, Oral Pill Immunisation, etc. are also being released through DAVP from time to time. Advertisement on Tripartite National Awards for Best Family Work, Republic Day Tableaux, Empanelment of Cartoonist, etc were also released by DAVP during the year.

10.6.5 *Directorate of Field Publicity:* The theme of Health and Family Welfare is a priority programme of the Directorate of Field Publicity. People are educated on small family norm, population growth, immunisation, child survival measures, right age of growth, immunisation, child survival measures, right age of marriage, mother and child care, cleanliness, prevention of drug addiction, etc. Mass awareness is sought through film shows, song and drama programmes, group discussions and photo exhibitions.

10.6.5 (a) Special programmes like baby shows, seminars, symposia, debates and other contests are also being arranged by the Units to involve women, students and youth.

10.6.5 (b) Important days/weeks like World Health Day, World Population Day, etc. are observed by appropriate programmes. A week-long campaign on the implications of population explosion was launched by the field units of the Directorate of Field Publicity on the occasion of the World Population Day.

10.6.5 (c) Special publicity campaigns are launched from time to time in 90 'Identified Districts' of Uttar Pradesh, Madhya Pradesh, Rajasthan and Bihar.

10.6.5 (d) During the period April '93 to Sept. '93 the Field Publicity Units of the Directorate of Field Publicity organised 20,031 film shows, 2,560 song & drama programmes, 839 special programmes, 20,376 oral communication programmes and 11,572 photo exhibitions.

10.6.6 *Song and Drama Division :* The Song and Drama Division organised live entertainment programmes to educate the masses on Health and Family Welfare, Population Control and Mother and Child Health. The idea of small family norm was publicised through various live performance, puppet shows, dance drama, folk recitals, mythological recitals, traditional plays, magic shows, etc.

10.6.6 (a) The Division has been entrusted to organise workshops for effective utilisation of street plays for the promotion of planned parenthood. A 7-day campaign was organised by the Division on the occasion of the World Population Day to highlight the dangers of population explosion and its harmful effect on the quality of life. During April-Sept.'93 the Song and Drama Division organised 20,148 programmes.

10.6.7 *Films Division:* The Films Division produces films relating to Health and Family Welfare and undertakes distribution of prints to field organisation and cinema houses throughout the country for exhibition. A number of films are under production by the Films Division on various themes including small family norm, spacing, prevention of early marriage, immunisation, promotion of condoms for spacing and safe sex. The Films Division has undertaken production of featurettes. One such film "Pancha Tantra" has already been produced. The Division has completed shooting of the other featurettes "Aahat" and "Tasweer" based on evils of early marriage. The Division has. also produced quickies on immunization, promotion of ORS and home made fluids for diarrhoea management and promotion of contraceptives. A few quickies based on classical ragas have also been produced whereas a few are under production.

10.6.8 *National Film Development Corporation (NFDC):* The films under production with NFDC are "Meri Pyari Nimmo", "Shartein Sapnon Ki" and 'Gunghat'. It is expected that production of these featurettes will be completed during the financial year.

10.6.9 *Press Information Bureau:* Press Information Bureau provides media coverage to important occasions, events and activities and policies, programmes of the Ministry of Health and Family Welfare. PIB organises projection of H&FW issues through various media. During the period April to September '93, PIB provided media coverage to observance of World Population Day, meeting of the Central Council of Health and Family Welfare and other important meetings.

10.7 Activities in the States/Union Territories

10.7.1 An integrated IEC strategy with inter-personal communication with multi-media content was developed. Districts with indifferent demographic indicators were identified for special area specific, interactive value based folk media and inter-personal communication. Special schemes like Mahila Swasthya Sanghs, sensitisation of opinion leaders through organisation of OTCs, joint training of grass-root level functionaries, training of frontline workers, i.e. Block Extension Educators and District Extension and Media Officers were further strengthened to effectively carry out IEC activities in the States/UTs. IEC activities were given a multi-dimensional and integrated thrust to increase the outreach and impact of family welfare messages with the objective of bringing the gap between awareness and acceptance.

10.7.1 (a) State IEC annual plans for 1993-94 were formulated through closer interactions, keeping in view the differential approach. 4-6 weak districts were identified/ selected in each State and funds were provided for intensive local specific efforts.

10.7.2 *Mahila Swasthya Sanghs:* Greater emphasis was laid on inter-personal communication to encourage community participation particularly women folk through establishing Mahila Swasthya Sanghs in the villages having more than 1,000 population or 200 households in plain areas and 500 or more population in hilly terrains including the North-Eastern States. The Auxiliary Nurse Midwife (ANM) is the member convener of the Mahila Swasthya Sanghs (MSSs) which comprises last level functionaries (like Anganwadi workers, school teachers, gram sevika, trained birth attendant) and 10 prominent women from the village community. The ANM organises

monthly meetings to sensitise them about family welfare issues. As family welfare issues are inter-dependent with literacy, nutrition, status of girl child, etc., this convergence at the field level is of importance. The MSS members are expected to disseminate the knowledge in their localities. MSSs are being constituted since 1990-91 at village level. A nominal amount of Rs.1,200/- per year is allocated for arranging meetings. So far 42,567 MSSs have been constituted in the country. 13,268 additional MSSs are proposed to be set up during 1993-94. This women's group helps the Female Health Workers (ANMs) to educate and motivate the community and obtain support from other women colleagues working in the village for the welfare of women and children. It also provides a forum for discussion and implementation of family welfare programmes like Immunisation, Oral Rehydration Therapy (ORT), Popularisation of Spacing Methods, Safe Motherhood, etc. A greater rapport with the rural families will be established for removal of misgivings and provide help in generating positive attitude for acceptance of family welfare programme. The MSS members are given short-term training and are supplied educational and information materials and guidance by local level health workers/BEE/Block Medical Officer. More than 42,000 Mahila Swasthya Sanghs have been formed in various States and Union Territories.

10.7.3 *Evaluation of MSS Scheme:* Evaluation of Mahila Swasthya Sangh Scheme was entrusted to Indian Institute of Mass Communication, New Delhi with WHO assistance for Rs. 3.00 lakh. The evaluation was undertaken in Assam, Gujarat, Karnataka, UP, Punjab and West Bengal. The findings are most encouraging. Statewise evaluation are also being undertaken by the States of Maharashtra, Haryana and Rajasthan to focus on the specific issues/ organisation of MSS.

10.7.4 *Training of Mahila Swasthya Sangh Members and other Grass Root Level Functionaries:* To make the working of the Mahila Swasthya Sanghs more effective, performance-oriented, and to reach the community in a co-ordinated manner with effective communication skills as well as knowledge of existing programmes, the scheme has been further strengthened by laying emphasis on training as envisaged in the scheme.

10.7.5 *Improvement of Professional Skills:* Training of frontline workers and critical functionaries of the Department of Women and Child Development, Nutrition, Rural Development, Labour and Education, etc. continued to be organised for better convergence of activities and to bring about greater appreciation of each others activities. Special attention was given to 90-weak districts by organising joint training of ANMs with Anganwadi workers and other grass-root level female functionaries as well as holding orientation training camps. More than 1.16 lakh ANMs and Anganwadi workers have been trained since 1992-93.

10.7.5 (a) A five-day course has been proposed to be conducted for District Extension and Media Officers. The underlying idea is to enable these functionaries to train Block Extension Educators in communication skill for achieving a better credibility in the field. Modular training programmes were also conducted at selected Health and Family Welfare Training Centres, to orient Block Extension Educators on priority basis. 1,492 BEEs have been oriented for short-term training upto 1992-93.

10.7.6 *Orientation Training Camps:* Orientation training camps were organised for school teachers, panchayat members and development functionaries at the Sub-Centre/PHC and district level for creating a better appreciation of the population issues among them and also to ensure their whole-hearted participation in furtherance of the programmes at various levels.

10.7.7 *Innovative/Local Interactive Schemes:*

The Scheme was launched in 4-6 selected districts in each State for intensifying IEC efforts. Specific activities are being undertaken keeping in view the areawise specialised talent and innovative cultural activities such as Street Plays, Burra Katha, Bihu, Folk Dances, Bhvai, Bhajan Mandalies, Das-Kathia, Dances, Puppetry, etc.

PERFORMANCE

The performance in respect of the use of different family planning methods at National level during the year 1992-93 in relation to the targets is summarised in the table given at Appendix I.

11.1.2 The total number of acceptors of different family planning methods enrolled in the country during the year 1992-93 as per provisional performance figures available so far was 26.85 million. Achievements at national level in relation to annual targets methodwise were 80.4% in sterilisation, 73.4% in IUD, 90.5% in Conventional Contraceptives and 65.9% in Oral Pills during the year 1992-93.

11.2 **Performance during 1993-94 (Apr. '93 to Oct. '93)**

11.2.1 The performance at National level has improved in all the four family planning methods (Sterilisation, IUD Insertions, C.C. Users and O.P.Users) during the period under review as compared to the levels achieved in the same period of last year. The performance in terms of total family planning acceptors went up by 16.6% over the corresponding levels of last year. A table at Appendix II gives performance figures in respect of different family planning methods during the period April '93 to October '93 as compared to that in the same period last year.

11.2.2 *Appendix III* summarises the position in regard to family planning achievements during 1993-94 (upto Oct.,1993) in relation to the proportionate expected level of achievements for the current year.

11.3 **Sterilisation Programme**

11.3.1 *Performance during 1992-93:* A total of 4.24 million sterilisation operations (provisional figures) were performed in the country during 1992-93. The proportion of tubectomy acceptors to total sterilisation was 96.5%

11.3.2 In relation to target achievement at all India level, the achievement during 1992-

93 was 80.4%. Targets were exceeded by Maharashtra, Punjab, Tamil Nadu, Himachal Pradesh, Chandigarh, D & N Haveli, Goa, Daman and Diu, Mizoram and Pondicherry.

11.3.3 *Progress during the year 1993-94 (Apr. '93 to Oct. '93):* No targets were fixed for sterilisations for the year 1993-94. While formulating method mix for 1993-94, the States were fully consulted and requested to indicate the feasible level of achievement on the basis of their own assessment of the expected demand for this procedure voluntarily. Provisional and incomplete figures for the year 1993-94 showed that a total of 1.73 million sterilisation operations were performed during the period (April-Oct.'93). In relation to the proportionate expected levels the achievement stood at 74.3% at the national level during the period under review. Andhra Pradesh, Karnataka, Kerala, Maharashtra, Punjab, Tamil Nadu, Tripura, A&N Islands, Chandigarh, Delhi, Goa, Daman and Diu, Mizoram, Pondicherry and Ministry of Defence achieved more than 100% of the proportionate expected levels of achievement.

11.4 I.U.D. Programme

11.4.1 *Progress during 1992-93:* During 1992-93, a total of 4.68 million IUD insertions were done in the country. Of these 97.3% were Copper-T. Targets were exceeded by Meghalaya, D & N Haveli, Goa, Daman and Diu and Pondicherry. In relation to targets, the achievement at the national level was 73.4%

11.4.2 *Progress during 1993-94 (Apr. to Oct. '93):* 2.61 million IUD insertions (provisional figures) were done during the year 1993-94 (Apr.-Oct. '93) at national level. In relation to expected levels of achievement, the achievement at national level has been 79.2%. Gujarat, Karnataka, Kerala, Tamil Nadu, Tripura, A&N Islands, D&N Haveli, Goa, Daman & Diu, Mizoram and Pondicherry achieved more than 100% of the proportionate expected levels of achievement.

11.5 Conventional Contraceptives

11.5.1 *Progress during 1992-93:* During 1992-93, a total of 1073.15 million pieces of condoms (including those under commercial scheme), 153 diaphragms, 14,221 jelly/cream tubes and 170 foam tablets were distributed. This works out to 14.91 million C.C. users enrolled during 1992-93. In relation to targets, the achievement at the national level was 90.5% (89.9% of the targets for C.C. users was achieved under free distribution scheme and 91.7% under commercial distribution scheme). The States/UTs of Gujarat, Punjab, Uttar Pradesh, Himachal Pradesh, J&K, Tripura, A&N Islands, Arunachal Pradesh, Chandigarh, Delhi, Goa, Daman & Diu and Pondicherry exceeded their targets under the free distribution scheme.

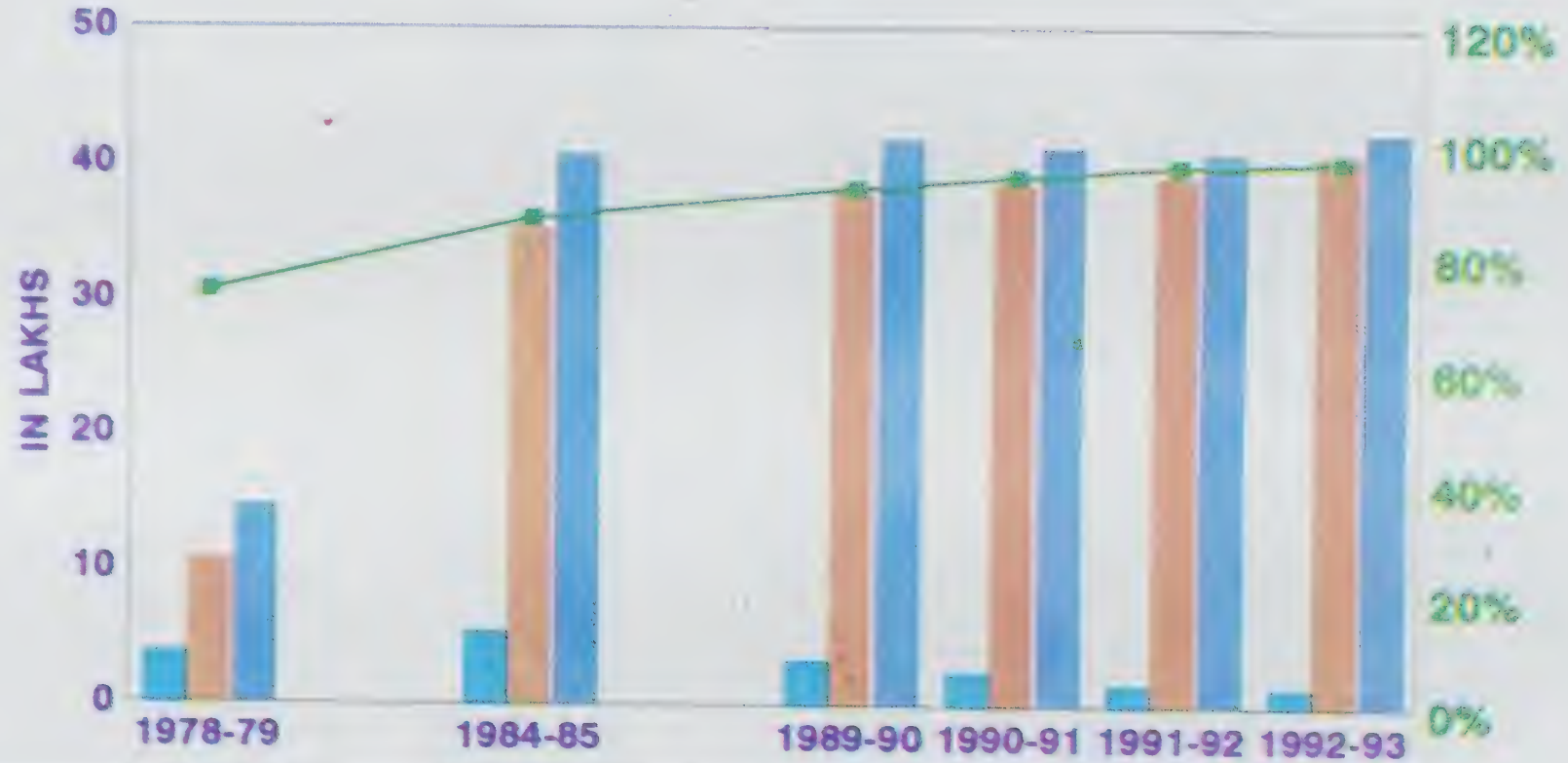
11.5.2 *Progress during 1993-94 (April - Oct. '93):* A total of 12.32 million users (provisional figures) of conventional contraception were enrolled during the period April'93 to Oct.'93 of the year 1993-94. Under the free distribution scheme alone, 10.02 million CC users were enrolled during the period under report. Achievement at national level under free distribution was 85.7% of the proportionate expected level of achievement. Gujarat, Uttar Pradesh, A&N Islands, D&N Haveli, Goa, Daman and Diu and Pondicherry achieved over 100% of the proportionate expected levels of achievement.

11.6 Oral Pills

11.6.1 *Progress during 1992-93:* During 1992-93, a total of 39.26 million oral pill cycles were distributed to 3.02 million users of oral pills at the national level. 65.9% of the annual target was achieved during the year.

11.6.2 *Progress during 1993-94 (April-Oct.'93):* During the year 1993-94 (April-Oct'93) a total of 2.57 million users (provisional figures) of Oral Pills were enrolled in the country. This achievement comprises 58.4% of the proportionate

SHARE OF TUBECTOMIES TO TOTAL STERILISATION



	1978-79	1984-85	1989-90	1990-91	1991-92	1992-93
VASECTOMY	3.9	5.5	3.4	2.6	1.7	1.5
TUBECTOMY	10.9	35.3	38.5	38.7	39.2	40.9
TOTAL	14.8	40.8	41.9	41.3	40.9	42.4
% STERILISATION TOTAL	73.7%	86.5%	91.8%	93.8%	95.7%	96.5%

expected level of achievement for the period under review.

11.7 Couples Protected

11.7.1 About 65.81 million couples (43.4 per cent of the total eligible couples in the reproductive age group 15-44 years) were effectively protected against conception by one or the other approved Family Planning methods as of 31st March 1993. Of these, 30.2 per cent were protected by sterilisation alone.

11.7.2 The States/Union Territories of Andhra Pradesh, Gujarat, Haryana, Karnataka, Kerala, Maharashtra, Punjab, Tamil Nadu, Himachal Pradesh, A&N Islands, D&N Haveli, Mizoram and Pondicherry have protected higher percentage of couples than the all India percentage (43.4 per cent).

11.8 Medical Termination of Pregnancy (MTP)

11.8.1 In 1992-93, a total of 6.49 lakh medical terminations of pregnancy (provisional figures) were done in the country.

11.8.2 During 1993-94 (upto June'93), 96116 terminations (figures provisional) were conducted at national level.

11.8.3 Since inception of the programme in April,1972, 8.94 million terminations upto June,1993 were effected under MTP Act.

11.9 Maternal and Child Health Programme

11.9.1 The figures of performance in respect of immunisation and prophylaxis programme for the year 1992-93 and 1993-94 (upto October,1993) in relation to targets are summarised in Appendix IV and Appendix V

APPENDIX-I

TARGETS AND PERFORMANCE DURING 1992-93

Figures in million

Sl. No.	*Methods*	*Targets 1992-93*	*Achvt.* 1992-93*	*%Achvt.** of Annual target of 1992-93.*
1.	Sterilisation	5.28	4.24	80.4
	(a) Vasectomy	-	0.15	-
	(b) Tubectomy	-	4.09	-
2.	I.U.D.	6.38	4.68	73.4
3.	Other methods(Eq.users)	21.05	17.93	85.2
	(a) C.C. Users	16.47	14.91	90.5
	i. Free distribution scheme	10.47	9.41	89.9
	ii. Commercial distribution scheme	6.00	5.50	91.7
	(b) O.P. Users	4.58	3.02	65.9
	i. Free distribution scheme	2.58	1.58	61.3
	ii. Commercial distribution scheme	2.00	1.44	72.0
	Total Acceptors		26.85	

* Figures Provisional. ** Worked out on the basis of absolute figures.

PROPORTIONATE EXPECTED LEVEL OF ACHIEVEMENTS DURING 1993-94

(April, 1993 to October, 1993)

(Figures in million)

Sl. No.	*Methods*	*Prop.ELA ## for 1993-94 (Apr.93 to Oct.93*	*Achvt # 1993-94 (Apr.93 to Oct.93*	*%Achvt.* of Prop. ELA##*
1.	2.	3.	4.	5.
1.	Sterilisations	2.33	1.73	74.3
2.	I.U.D. Insertions	3.30	2.61	79.2
3.	Other Methods(Eq.users)	22.09	14.89	67.4
	(a) CC Users (Eq.)	17.69	12.32	69.6
	i. Under Free distribution (Eq.)	11.69	10.02	85.7
	ii. Under Commercial distribution Schemes (Eq)	6.00**	2.30$	38.3 $$
	(b) O.P. Users (Eq)	4.40	2.57	58.4
	i. Under free distribution schemes(Eq)	2.40	1.76	73.3
	ii. Under Commercial distribution scheme (Eq.)	2.00**	0.81$	40.5 $$
	Total Acceptors		19.23	

\# Figures provisional
ELA = Expected level of achievement
Eq. Equivalent
* Worked out on the basis of absolute figures
** Annual expected level of achievements
$ Achievement upto Sept, 1993
$$ Based on annual expected level of achievements.
@ May not tally with the total of free and commercial distribution due to rounding off.

APPENDIX-III

TARGETS AND ACHIEVEMENTS UNDER MCH PROGRAMME DURING 1992-93

(Figures in 000's)

Activity	*Target for 1992-93*	*Achieve-ment* 1992-93*	*%Achvt. of Annual target of 1992-93*
1.	2.	3.	4.
A. Immunisation			
i. Tetanus Immunisation for expectant mothers	27008	21444	79.4
ii. DPT Immunisation for children	24290	21907	90.2
iii. Polio	24290	22058	90.8
iv. B.C.G.	24290	23430	96.5
v. Measles	24290	20830	85.8
vi. DT Immunisation for children	17552	12906	73.5#
vii. T.T. (10 years)	16054	10448	73.1#
viii. T.T. (16 years)	16102	8249	57.5#
B. Prophylaxis against Nutritional Anaemia among:			
(a) Total women	27008	16296	60.3#
(b) Children	24290	13889	57.2#
C. Prophylaxis against Blindness due to Vit.A deficiency	24290	28429 (doses)	66.4#K

* Figures provisional.

K % of achievement of target was worked out by taking half of the total doses given to the first time initiated continuing and completed dosed beneficiaries as annual target of Vitamin 'A' solution are two dosed beneficiaries.

Worked out after excluding targets for States/UTs for which achievement figures were not received.

APPENDIX-IV

PERFORMANCE UNDER MCH PROGRAMME DURING 1993-94
(April,1993 to October,1993)

(Figures in 000's)

Activity	*Prop. Target for '93-'94(Apr' 93-Oct. '93)*	*Achvt.** *1993-94 (Apr'93-Oct.'93)*	*%Achvt. of Prop. target 1993-94 (Apr.'93 -Oct. '93)*
A. Immunisation			
i. Tetanus Immunisation for expectant mothers	16074	9532	59.3
ii. DPT Immunisation for children	14461	9280	64.2
iii. Polio	14461	9411	65.1
iv. B.C.G.	14461	10265	71.0
v. Measles	14461	9435	65.2
vi. DT Immunisation for Children+	9269	2967	32.0
vii. T.T. (10 years)+	8325	2551	30.6
viii. T.T. (16 years)+	8347	1692	20.3
B. Prophylaxis against Nutritional Anaemia among	(Annual Target)		% Achvt. of Annual Target
a. Total Women+	27555	6957	25.2
b. Children+	24790	4721	19.0
C. Prophylaxis against Blindness due to Vit.A deficiency+	24790	10221 (doses)	20.6K

* Figures provisional + Target and achievement figures relate to April to October.

K % Achievement of target was worked out by taking half of the total doses given to the first time initiated continuing and completed dosed beneficiaries upto the period under review as the annual target of Vit. A solution are two dosed beneficiaries.

APPENDIX-V

PERFORMANCE FIGURES OF DIFFERENT FAMILY PLANNING METHODS DURING THE PERIOD APRIL '93 to OCTOBER '93

(Figures in Million)

F.P. METHODS	1992-93	1993-94*	% INCREASE (+)
Sterilisations	1.68	1.73	(+) 3.2
IUD Insertions	2.12	2.61	(+)23.1
C.C. Users	10.54	12.32	(+)16.9
O.P. Users	2.15	2.57	(+)19.3
TOTAL ACCEPTORS	16.49	19.23	(+)62.5

* Achievement Provisional

World Bank assisted projects known as IPP are being implemented with a total outlay of Rs: 998.02 crore.

EXTERNAL ASSISTANCE FOR FAMILY WELFARE AND AREA DEVELOPMENT PROJECTS

External Assistance for Family Welfare Programmes is being received from the following UN/Bilateral/International Organisations.

12.1.2 *U.N.Organisations:* United Nations Population Fund (UNFPA); United Nations Children's Fund (UNICEF); and World Health Organisation(WHO).

12.1.3 *Bilateral Organisations:* United States Agency for International Development (USAID); Norwegian Agency for International Development (NORAD); Danish International Development Agency (DANIDA); and Overseas Development Administration (ODA).

12.1.4 *International Organisations*: Details of this assistance are given in the ensuing paragraphs.

12.2 **United Nations Population (UNFPA)**

12.2.1 In the current i.e. the fourth phase of UNFPA assistance (1991-95) India is likely to get US $ 90 million. Out of this, US $ 70 million will be from UNFPA regular sources and U.S. $ 20 million from multi-bilateral sources. During 1992, UNFPA provided an amount of US $ 10.13 million. During 1993, the expected assistance is US $ 16.70 million

12.2.2 The main programmes for which UNFPA assistance is being utilised during the fourth phase of UNFPA assistance include Population Education (School, Higher and Adult Education and Non-Formal Education), Area Projects in selected districts of Himachal Pradesh, Maharashtra and Rajasthan, procurement of raw materials for Oral Pills and IUDs etc., Establishment of Centres of Excellence for Training in Micro-surgical Sterilisation and Recanalisation; Development of a National Centre for Technological Evaluation of IUDs and Tubal Rings; Special Project for Low Acceptance Areas in Maharashtra; Support to Non-Governmental Organisations/Apex Bodies;

Projects for Organised Sector like Income Generation Scheme for Working Women in Urban Slums, Beedi Workers, Tribal Population, etc. and Outdoor Communication Activities under Information, Education and Communication.

12.3 United Nations Children's Fund (UNICEF)

12.3.1 UNICEF provided assistance for the Universal Immunization Programme during the Seventh Five Year Plan. It has now to provide financial assistance for some of the activities of the Child Survival and Safe Motherhood (CSSM) programme. For the period 1991-95, an amount of US $ 107 million (Rs. 278.20 crore approximately) is to be provided by UNICEF for this programme. During 1992-93, UNICEF provided an assistance of Rs. 30.95 crore for procurement of supplies. In 1993-94, UNICEF is likely to provide an assistance of about Rs.35.00 crore (US $ 10.93 million)

12.4 World Health Organisation (WHO)

12.4.1. WHO assistance is received under WHO regular Country Budget and special programmes for Research, Development and Training in Human Reproduction. The WHO Country Budget assistance is received on biennium basis. During the WHO biennium 1992-93 an amount of US $ 3,238,458 is likely to be received for Family Welfare Projects as per details given at Appendix-I.

APPENDIX-I
(IN us$)

THE WHO COUNTRY BUDGET ASSISTANCE

IND/PHC/001 - Organisation of Health Care System based on Primary Health Care	373,796
IND/MCH/003 - Maternal and Child Health Care	402,560
IND/MCH/004 - Promotion of Family Welfare Services & Research	666,393
IND/MCH/OO5 - FW/PHC - Services in Urban Areas	753,254
IND/EPI/001 - Expanded Programme on Immunisation	484,920
IND/CDD/001 - Control of Diarrhoeal Diseases	114,370
IND/ARI/001 -Acute Respiratory Infection	115,090
IND/IEH/002 - Information, Education and Communication.	135,600
Undergoing reallocation	192,475
Total :	3,238,45

12.4.2. The assistance is being utilised for supplies and equipments; Group Educational Activities like Seminars, Meetings, Workshops etc; Experience Sharing/Study Tours/Fellowships abroad, short-term consultancies and organisation of various programmes for medical and para-medical personnel in the country and Information, Education and Communication.

12.4.3. Under the WHO special programme for Research, Development and Research Training in Human Reproduction (HRP), certain project-oriented assistance is received for various institutions involved in the area of Human Reproduction. A Memorandum of Understanding has been signed with the WHO HRP Programme in June, 1992 for strengthening collaboration with the programme and to get enhanced financial support to the programme.

12.5 United States Agency for International Development(USAID)

12.5.1. USAID assistance is being received mainly for the following schemes:-

(a) Private Voluntary Organisations for Health (PVOH-II) Scheme;

(b) Innovations in Family Planning Services Project in U.P.

12.5.2 *PVOH-II Scheme:* The Scheme envisages funding of Voluntary Organisations working in the Rural and Backward areas of the country and are engaged in basic and preventive Health and Nutrition, MCH and Family Planning Services. A total amount of US $ 10 million is to be received from USAID under this Project in a period of 10 years. The objectives of the Project are to:-

12.5.3 *Innovations in Family Planning Project in U.P.:* (i) The Project provides for increased Access to Family Planning Services by extending service delivery in the Public Sector and in the Non-Governmental Sector and through promotion of social marketing of contraceptives; (ii) Improved quality of Family Planning Services by expanding the choice of contraceptive methods and improving the technical competence of personnel through training and upgradation of their skills; and (iii) Promoting Family Planning by broadcasting support among leadership groups and increased public understanding of the benefits of Family Planning.

12.5.4. It is expected that at the end of the Project period, the Total Fertility Rate of Uttar Pradesh will decline from 5.4 to 4 and there will be an increase in the Couple Protection Rate from 35% to 50%. The Project has been launched and is under implementation.

12.6 Norwegian Agency for the International Development (NORAD)

12.6.1 NORAD has been providing partial financial assistance for implementation of the Post-Partum Programme at Sub-district level Post-Partum Centres. Under this Scheme, 1012 Sub-district level Post-Partum Centres are established by the State Governments with the remaining assistance from Government of India. During 1991-93, NORAD is to provide an assistance of 60 million NOK, which includes 6 million NOK for innovative intervention projects in Orissa and Karnataka. A Training Project is also being implemented at the Indian Institute of Health Management and Research, Jaipur with financial assistance of 5 million NOK allocated by NORAD. This Project is continuing over the period 1990-93.

12.7 Danish International Development Agency (DANIDA)

12.7.1 A DANIDA assisted Project is being implemented in 8 districts of Madhya Pradesh and two districts of Tamil Nadu. The cost of the Project for Madhya Pradesh is Rs. 21.85 crore and that for Tamil Nadu is Rs. 22.96 crore. The Project is up to March, 1994 in case of Madhya Pradesh and March, 1994 in case of Tamil Nadu. An expenditure of Rs. 14.86 crore has been

reported upto September, 1993 as against grant-in-aid of Rs. 17.62 crore has been spent, in case of Tamil Nadu till August, 1993 against the grant-in-aid of Rs. 20.06 crore released to the State.

12.8 Overseas Development Administration (ODA)

12.8.1 A Phase-II Area Development Project in Orissa has been taken up in the five districts of Orissa (Dhenkanal, Keonjhar, Mayurbhanj, Sambalpur and Sundergarh) with the assistance of the Overseas Development Administration (ODA), UK at a total Project cost of Rs. 65.66 crore. The Project commenced from 1.11.89 and is for a period of five years. As in the case of other projects, the Project aims at improving the Health and Family Welfare Services in these backward districts of the State by augmenting the infrastructure for health delivery and training institutions. The expenditure incurred under the Project upto August, 1993 is Rs. 26.92 crore against the grant-in-aid of Rs. 32.17 crore released to State.

12.9 World Bank

12.9.1 World Bank assisted Projects, known as "India Population Projects (IPP)" are being implemented in 11 States and two cities with a total outlay of Rs. 998.02 crore. Details of the various World Bank assisted Projects are given below:-

12.9.1 (a) *IPP-IV Project in West Bengal:* This Project is being implemented mainly in the four districts of the State viz. Burdwan, Purulia, Birbhum and Bankura at a total cost of Rs. 117.12 crore. The development credit agreement with the World Bank was, however, amended in 1990 to cover all the districts in the State under the Project. The Project is to continue till 31.3.94. An expenditure of Rs. 102.88 crore has been incurred under the Project upto October, 1993.

12.9.1 (b) *IPP-V Project in Madras and Bombay:* The IPP-V Project is being implemented in the Metropolitan cities of Bombay and Madras at a total Project cost of Rs. 48.30 crore and Rs. 69.10 crore respectively. The period of the Project is from September, 1988 to December, 1995. The Project aims at extending the delivery of Family Welfare and Primary Health Care Services in the slum areas of these cities with emphasis on Maternal and Child Health, Birth Spacing and increased use of temporary contraceptive methods. The expenditure incurred under the Project upto September, 1993 is Rs. 26.21 crore, in case of Madras and Rs.20.90 crore in case of Bombay. The grant-in-aid of Rs. 27.03 crore and Rs. 22.52 crore has been released to these cities respectively.

12.9.1 (c) *IPP-VI Project:* This Project with emphasis on the development of training infrastructure and service delivery enhancement is being implemented in Uttar Pradesh and Andhra Pradesh at a total cost of Rs. 204.41 crore with effect from 6th April, 1990 for a period of five years. The shares of the three States and the expenditure reported upto September, 1993 under the Project are as under:

(Rs.in crore)

States	*Share*	*Expenditure*
U.P.	110.54	31.05
M.P.	42.57	10.87
A.P.	49.55	17.63

12.9.1 (d) *IPP-VII Project:* The IPP-VII Training, Manpower Development and Service Delivery Project is being implemented in Bihar, Gujarat, Punjab, Haryana and J&K with effect from 2nd November, 1990 at a total cost of Rs. 335.72 crore. The period of the Project is for five years, that is upto 1994-95. The shares of the different State Governments and the expenditure reported upto September, 1993 under their Projects is on next page.

(Rs. in crore)

States	Share	Expenditure
Bihar	88.18	8.08 (8/93)
Gujarat	43.90	12.96
Haryana	42.42	16.26
Punjab	48.66	15.81
J&K	51.54	12.32

12.9.2 The World Bank has agreed to provide assistance of SDR 160.90 million equivalent to US $ 214.50 million from 1990-92 to 1994-95 for the Child Survival and Safe Motherhood (CSSM) Programme. During the year 1992-93, IDA assistance of Rs. 54.40 crore has been received from the Bank. The assistance expected to be received during 1993-94 is Rs. 90 crore.

12.9.3 *IPP VIII:* Project for the urban slums of Delhi, Calcutta, Bangalore and Hyderabad was sanctioned in August, 1993 at a cost of Rs. 223.37 crore. The Project will benefit an estimated population of 73 lakh with the majority of beneficiaries being women and children. World Bank has committed an assistance of SDR 57.7 million (US $ 79 million) for this Project.

12.9.4 *IPP-IX :* It is proposed to take up IPP-IX Project for entire Assam, 10 lagging districts of Karnataka and 10 desert districts of Rajasthan with financial assistance of World Bank. The Project is being appraised by World Bank in December, 1993 and it is likely to be sanctioned during next financial year.

12.10 Ministerial/Delegations Abroad

12.10.1 Indian delegations headed by Shri B. Shankaranand, Health and Family Welfare Minister, were deputed to :

(i) Bali, Indonesia in the second week of November,1993 to attend the NAM Ministerial/ Senior Officials Meeting on Population.

(ii) Kathmandu, Nepal, from 20-23 November, 1993 to attend the SAARC Ministerial Meeting on Women and Family Health.

12.11 Visit of High-level Delegation to India

12.11.1 (a) A five-member delegation from the Govt. of Bangladesh, headed by Dr. A.K.M. Rafiquz-Zaman, Director General, Directorate of Family Planning, Dhaka, visited India during 15-26 March, 1993, under WHO sponsorship. The delegation had meetings with the senior officials of the Ministry of Health & Family Welfare on important matters pertaining to the Family Planning Programme. The team visited NIHFW, ICMR and AIIMS. The team also visited Parivar Sewa Sansthan and Family Planning Association of India, New Delhi and held discussions on Voluntary Programmes and Activities being carried out by these Institutions in support of National Family Welfare Programme.

12.11.1 (b) A six-member official delegation from Vietnam visited India during 14-20 August, 1993. The team was interested in studying programme, planning and management systems in India with a view to develop an appropriate system for Vietnam. The Vietnamese delegation visited some of the premier institutions like NIHFW and made visits to the States of Karnataka and Maharashtra.

12.11.1 (c) A three-member delegation from the Division of International Relations (DIR), China visited India during 13 July- 7 August, 1993 on an observation study tour. The main objective of the visit of the Chinese delegation was to benefit from the Indian experience in the execution of UNFPA and UNDP assisted Family Welfare Area Projects. In addition to meetings with the senior officials of this Ministry, the Chinese team made field visits to the State of Maharashtra to see UNFPA Area Project in Nagpur.

12.11.1 (d) Dr. Nafis Sadik, Executive

Director, UNFPA, visited India from 23-26 October, 1993 as a Guest of the Govt. of India.

12.12 **Social Safety Net**

12.12.1 Under the Social Safety Net (SSN) Scheme facilities at Health Centres (30,000 population) in 90-demographically poor performing districts of the country are sought to be upgraded under World Bank assistance. Detailed facility surveys conducted have indicated gaps in essential infrastructure. To provide facilities for deliveries in aseptic conditions, bring about reduced maternal mortality rates and infant mortality rates, the following facilities are being provided:

(i) A well-equipped operation theatre (20' x 20').

(ii) A labour room- (15' x 10').

(iii) An Observation Ward (15' x 20') having six beds.

(iv) Two quarters, one for Lady Health Visitor (LHV) and one for Auxiliary Nurse Midwife.

(v) One Generator to ensure continuous electric supply.

(vi) Provision of running water supply to OT and Observation Ward.

(vii) One Ambulance per block if not already available.

12.12.2 The States would be utilising the assistance for all or any of the facilities listed above. In addition, Rs.1 lakh per PHC will be provided for maintenance of existing PHC, simple surgical items, bandages, etc.

12.12.3 The scheme is being implemented in the 90-weak districts of States of Uttar Pradesh, Bihar, Rajasthan, Orissa, Haryana, Kerala, West Bengal, Gujarat and Madhya Pradesh from the year 1992-93.

12.12.4 States have selected five PHCs each for 1992-93 and 1993-94 for upgradation under the scheme. Rs.45 crore have already been released to these States in respect of each year of 1992-93 and 1993-94. Each PHC will get an amount of Rs.10 lakh under the scheme for upgradation of facilities. Detailed guidelines have been sent to these States for implementation of the scheme. The States have undertaken to provide the services of a lady doctor, a staff nurse and an ANM in the Primary Health Centre and also to maintain the facilities created.

AUTONOMOUS BODIES AND SUBORDINATE ORGANISATIONS

Various autonomous/statutory bodies located at different levels in the country provide technical and research support to the Department of Family Welfare. This Chapter sums up progress of work in these organisations during the year under report.

13.2 National Institute of Health and Family Welfare, New Delhi

13.2.1 NIHFW was established in the year 1977 by the merger of two erstwhile institutes - National Institute of Health Administration and Education and National Institute of Family Planning. The Institute is engaged in different disciplines: Reproductive Bio-Medicine, Population Genetics, Demography and Statistics, Epidemiology, Medical Care and Hospital Administration and Communication.

13.2.2 The Institute is pursuing education, training, research and consultancy activities in the field of health and family welfare in the country.

13.2.3 The Institute's training programmes have been designed for upgrading human resource development capacities in the health sector. Major training programmes have been in the areas of Hospital Administration, No Scalpel Vasectomy, Training Programmes for Senior Level Administrators, Mother and Child Health Training Course, (in collaboration with the Liverpool School of Tropical Medicine, U.K.) and the Area Development Project, Orissa.

13.2.4 The Institute's District Health System Research Project in Gwalior is underway with eighteen research studies on different aspects of health and family welfare programmes. Under the project on Population Simulation three models have been developed on different dimensions of population growth and its impact in different sectors. Under the India Population Projects V-VIA besides innovative training, Health Manpower Development Cells in the concerned eight States are proposed to be established.

13.2.5 The Institute is adopting a functional group approach to provide the forum for interaction and decision-making among the faculty.

13.2.6 The educational activities are planned to impart basic education and promote academic excellence in the areas having a bearing on the health and family welfare programmes. The educational activities comprise a Post-graduate Degree Course in Community Health Administration and Ph. D. Programme in various disciplines of health and family welfare.

13.2.7 *M.D. in Community Health Administration:* A three years' post-graduate course of M.D. in Community Health Administration is offered which is affiliated to the Faculty of Medicine, University of Delhi, during 1993-94. This course comprises 23 students, (7 in the third year, 11 in the second year and 5 in the first year).

13.2.8 *Ph.D. Programme:* The faculty members of the Institute are recognised by the various Universities as guides for Ph.D. in different disciplines related to health and family welfare. Ten Ph.D. students are engaged in research in the areas of Population Genetics, Reproductive Bio-Medicine, Communication and Social Sciences.

13.2.9 *Distance Learning Programmes:* The Third Course in Distance Learning started in July 1993 and 300 students were enrolled. The course curriculum contains 14 management modules. To assist the students contact programmes of 5 days duration each are organised at different centres in the country. The NIHFW also provides library facilities, video and audio cassettes on management. The course has a three-tier system of evaluation comprising self-assessment, internal assessment and terminal evaluation. This year, new centres at Chandigarh, Nagpur and Mysore have been added for the contact programme. The five regions where the contact programme will be held are the NIHFW, New Delhi for the Northern region, SIHFW, Lucknow for the Central region, SIHFW, Hyderabad for the Southern region, CINI, Calcutta for the Eastern region, and IIM, Ahmedabad for the Western region.

13.2.9 (i) *Continuing Education in Hospital Management Through Distance Learning:* A one year Post-graduate Certificate Course in Hospital Management through Distance Learning is under preparation, which is expected to be launched in early 1995. The course will be open to medical professionals working as hospital managers or aspiring to a career in hospital management.

13.2.10 *International Course:* A 3-month Course in Health and Population Management is scheduled to start from February, 1994, designed for candidates from developing countries responsible for the management of health services.

13.2.11 *Training Programmes:* The Training Courses and workshop (both intra and extra-mural) during the year include 20 regular training courses, 5 funded courses and 6 workshops, in addition to 5 workshops and courses organised under the IPP V and VI-A.

13.2.12 *Research and Evaluation Programme:* The Health System Research and Evaluation Studies conducted by the Institute are of applied nature and generally based on primary data collected from field. It is only in the department of Reproductive Bio-medicine where research connected with contraceptive development in the laboratory situation is being conducted.

13.2.12 (i) Research covers Psycho-social Studies, Health Systems Studies, Population Genetics and Evaluation Studies of infrastructure facilities. Some studies focus on issues like health care delivery system,

family welfare as a focal point of interest in the planning of syllabi of medical colleges in India, and the nutrition status of lactating mothers and infants.

13.2.13 *Research and Other Activities in 1993-94:*

i. Multi-Media Study of the Duration of Lactational Amenorrhoea in Relation of Breast Feed Practices.

ii. Development of Health Plan for District Bulandshahar.

iii. A Study of Organisation and Management of Health Delivery System in Selected Districts in Six States of India (WHO-IND-MPN-002).

iv. Study of Fertility, Mortality Pattern and Family Planning Practices Among the Tribal Population of North-Western and Central Northern Region of India.

v. Impact of Genetic Disorders on the Health Profile Among the High Risk Tribal Groups of Madhya Pradesh.

vi. A Study of Decidual Prolactin Secretion and its Role in Male Rats.

vii. Anti-fertility Effect of Indigenous Plant Products in Male Rats.

viii. Assessment of Sperm Steroid Binding Proteins for Regulation of Fertility in the Human.

ix. Study to determine the Optimum Population which can be served by the Sub-Centre and its Staff and requirement of equipments and drugs thereof (WHO-IND-HSR-001).

x. Combined Administration of Cyproterone Acetate and a Potent Androgen as Potential Contraceptive for Human Males - A Clinical Trial.

xi. Strengthening of Supervisory Practices of Personnel Working in District Health Care Delivery, Madhya Pradesh - Phase II.

xii. Role of Prolactin in Reproductive Disorders.

xiii. A study of Strengthening Family Welfare Programme in Organised Sector.

xiv. Population and Health Profile in India.

xv. A Study of the Logistics and Supply System of Drugs, Vaccines and Contraceptives in a District Health System - District Karnal.

xvi. Improvement in Quality of Family Welfare Services in Selected States.

xvii. Policy Research on Private Practice by Government Doctors.

xviii. Capacity Building for Health Policy Development in India.

13.2.14 Studies on GnRH Antagonist have been actively considered for male contraception.

13.2.14. (i) *Development of Immunodiagnostic Kit:* An inexpensive pregnancy test kit that can be used in hospitals is being developed using - heg antibody and gold chloride conjugate. The efficacy of the kit is now being evaluated. 132 samples with hundred per cent efficacy have been tested till date.

13.2.15 *Projects: District Health Systems Research Project:* District Health Systems Research Project is being implemented in Gwalior district of Madhya Pradesh involving 18 research studies.

13.2.15 *(i) National Training Project:* India Population Project V and VI-A. Under this project, training is being imparted to health

personnel to enhance capacities for delivering Mother and Child Health and Family Welfare Services.

13.2.15. (ii) *Population Simulation Project II :* The Major Objectives are: (i) develop and disseminate computer simulation models to increase the understanding and support for family welfare programmes;and (ii) develop presentations based on RAPID model (demonstrating effects of population growth on socio-economic development) for four low performing States (Rajasthan, Bihar, U.P. and Madhya Pradesh) and the model on Cost-Benefit Analysis of family planning programme.

13.2.16 *Information, Education and Communication Training Scheme in Uttar Pradesh:* The IEC Training Scheme was operationalised in 17 districts of Uttar Pradesh from 1988 and the new phase of the scheme has become operational from April, 1993.

13.2.17 *Private Voluntary Organisation for Health Project-II:* This project is in the Phase-II stage of implementation since 1990.

13.2.17 (i) The Institute helps to evolve and standardise methodology for monitoring various projects funded from PVOH Scheme against norms laid down for utilisation of grant.

13.2.18 *Centre of Excellence (COE) Project:* The Ministry of Health and Family Welfare in technical collaboration with Association of Voluntary Surgical Contraception, New York launched the "Centre of Excellence" (COE) Project in 1988 with the purpose of providing qualify family planning services throughout the country . While the I phase identified four such centres, in phase II, twelve more such centres were established in different regions to provide quality services in relation to sterilisation and recanalisation. The Institute has been involved in project formulation as well as evaluating the activities of these Centres.

13.2.19 *Management Consortium: National Consortium of Institutions in Health and Family Welfare Management:* The goal of the consortium is to contribute towards improving health management practices and processes with a view to achieving national health goals through collaboration and cooperation among institutions working in the field of health and family welfare programme management.

13.2.19 (i) The consortium meets twice a year to review the progress of on-going training/research projects and also to decide collaboration on new projects.

13.2.20 *Specialised Services:* The areas in which consultancy and advisory services are provided by the Institute include: (i) health manpower of development; (ii) professionalisation of health managements, including hospital management and materials management; (iii) development of referral services at different levels of health services infrastructure; (iv) inter-sectoral coordination; (v) community participation for health and family welfare adoption, (vi) computerisation and innovative approaches for health and family welfare data collection and analysis; (vii) reproductive health care and research on contraception; (viii) development of epidemiological centres; and (ix) educational technology.

13.2.20 (i) Specialised services related to genetic counselling have been provided by the Institute.

13.2.20 (ii) *The Clinic:* The clinic of the Institute is recognised for its work on diagnosis and management of male and female infertility. It also provides micro-surgical recanalisation operation in post-vasectomy cases. The 'No-scalpel Vasectomy' is being performed in the clinic.

Besides, services for maternal and child health care, immunisation, nutritional supplementation and family planning are also provided by the clinic.

13.2.20 (iii) *Laboratory Services:* Regular laboratory services (Bio-chemical, Immunological, Histological and Radioimmunoassay of Hormones) are provided to the patients. The Institute also renders laboratory services for ABO, RH, MN blood groupings and malarial parasites.

13.2.20 (iv) *Genetic Epidemiological Studies:* Department of Population Genetics in collaboration with Safdarjung Hospital and G.B. Pant Hospital conducts genetic studies to provide diagnosis regarding aspects of congenital gynaecology.

13.2.20 (v) *Institute's Journal:* Health and Population - Perspectives and Issues: The Institute publishes the research journal HPPI twice in a year. It includes articles of scientific and educational interest in the fields of health services, administration, family welfare, including population studies and other related disciplines.

13.2.20 (vi) *Audio-Visual Media:* The Department of Communication provides media services to various training, research and other activities of the Institute and outside organisations. Audio and Video cassettes have been made for the Distance Learning Programme.

13.2.21 *Computer Activities:* Bibliographic database on computer using CDS/ISIS Package, for creating Mailing lists and processing of background documents for training courses using the computer has been created.

13.2.21 *(i) Network Activities:* The Institute's documentation Centre is linked to Asia-Pacific POPIN with the assistance of ESCAP.

13.2.21 (ii) It is also the Regional Resource Centre for South-East Asia for Primary Health Care Information with the assistance of WHO.

13.2.21 (iii) Dial-up-Modum has been established with the help of National Information System of Science and Technology (NISSAT). Electronic Mail Software has been put to use to disseminate documentation services amongst the network of Delhi Libraries.

13.3. **Hindustan Latex Limited**

13.3.1 Hindustan Latex Limited (HLL) was incorporated as a Company under the Ministry of Health and Family Welfare of the Government of India in March 1966.

13.3.2 HLL is the largest manufacturer of Condoms in the country. Its two Plants one near Belgaum in Karnataka and the other at Thiruvananthapuram in Kerala set up in collaboration with M/s. Okamoto Industries Inc., Japan, have a combined annual installed capacity of 608 million pieces.

13.3.3 HLL is now a multi product manufacturer of contraceptives and health care aids.

13.3.4 Areas of diversification include Latex Examination Gloves and Hydrocephalus Shunts.

13.3.5 HLL has added to its range of contraceptives the Once-a-Week, non-steroidal Oral Contraceptive Pill "Saheli" and Copper-T. It has also taken up the formulation and tabletting of Mala-D/N Oral Contraceptive Pill.

13.3.6 *Capital Structure :* The issued and paid up share capital of the Company is Rs.1258.00 lakh. Against this paid up capital, the Company has generated Rs.1239.00 lakh. The total capital employed is Rs.2497 lakh.

13.3.7 *Performance :* HLL has consistently recorded high productivity and profitability, high capacity utilisation and excellent industrial relations.

13.3.7. (i) The 1992-93 sales for its various products are:

(a) Condom	-	619.89 M.pcs.
(b) Latex Glove	-	9.42 M.pcs.
(c) Saheli	-	3.00 M tabs.
(d) Ceredrain (Hydrocephalus Shunt)	-	91 Nos.

13.3.7. (ii) The total sales of condoms include those under the various schemes of the Govt. of India, Deptt. of Family Welfare, namely: (1) Free Supply; (2) New Lubricated; (3) Deluxe; (4) Super Deluxe; (5) Sawan; (6) Masti; and (7) Bliss and also domestic sales of HLL's direct marketing brands - Moods, Share and Rakshak.

13.3.7. (iii) HLL has been regularly paying Dividend to the Government of India, for the past four years. Last year's dividend was Rs. 66.01 lakh.

13.3.8 *Technology Transfer:* HLL has established a sound technological base for the manufacture of condoms and has made process improvements over that of its Japanese collaborators.

13.3.8 (i) The Company now handles trade enquiries from abroad and within, for setting up of factories for manufacture of condoms. HLL has already transferred technology to M/s. Polar Latex Limited, who have set up a condom plant at Balasore, Orissa, with an annual installed capacity of 160 million pieces.

13.3.9 *Modernisation :* HLL has indigenously modernised its old Plants set up in 1969 and 1977, in line with the latest technology obtained for its two new Plants set up in 1985-86 from its collaborators M/s. Okamoto Industries, Inc., Japan. The modernisation programme commenced in June 1989 and was completed in three phases with an outlay of Rs.497 lakh.

13.3.10 *R and D Department:* The Company's R and D Department has made significant contributions for improvement of the quality of the Company's range of condoms together with indigenisation of new materials and other equipments which were earlier imported. A closer relationship between the Company and Research Institutes all over the country such as IIT's and Regional Research Laboratories has resulted thereof.

13.3.11 *Quality Assurance*: The Company lays emphasis on effective quality control at every manufacturing stage.

13.3.11 (i) The Condoms are tested in computerised Electronic Pin-hole Testing Machine for accuracy. They also undergo further screening as prescribed under Schedule 'R' of the Drugs and Cosmetic Act.

13.3.12 *Marketing and Exports:* To meet the increasing demand for high quality and newer varieties, the Company markets its own domestic brands directly.

13.3.12 (i) "Moods", a premium brand, was the first of such brands introduced in the market on a national scale. The other brands introduced later were 'New Share' India's first spermicidal Condom and 'Rakshak'.

13.3.12 (ii) HLL took up the social marketing of Mala D Oral Contraceptive Pills in the States of Rajasthan, Madhya Pradesh, Kerala, Tamil Nadu and Karnataka from July, 1993.

13.3.12 (iii) HLL is now establishing a wide

network of distributors all over the country to distribute its commercial brands of condoms, surgical and examination gloves, Once-a-week Oral Pill "Saheli", Mala D - and the "Ceredrain" Hydrocephalus Shunt.

13.3.12 (iv) HLL's branded condoms and examination gloves received the 510 K certification from FDA (Food and Drugs Administration), USA, which is essentially a clearance for marketing these products in the U.S.

13.3.12 (v) HLL exported its Gloves to UAE, Uganda, USA, Angola, Kenya, Mauritius and Oman. The company has also commenced supply of condoms in the brand name RESIST to Saudi Arabia, and its Moods, Share and Rakshak condoms to Dubai.

13.3.12 (vi) During 1992-93 the total export earnings amounted to Rs.61.66 lakh.

13.3.12 (vii) Together with the strengthening of its marketing and distribution network, HLL plans to market quality products within the country and abroad in its own brands. Several products have been identified including medical and health care aids.

13.3.13 *Diversification Projects:* HLL has the following five projects on hand:

13.3.13 (i) *Copper-T Project:* HLL's Plant at Akkulam, Thiruvananthapuram, for the production of Copper-Ts, an intra-uterine device, has commenced trial production. Commercial production is expected to commence shortly.

13.3.13 (ii) *Centchroman and Mala D/N - Tabletting Plant:* This plant has been set up in Belgaum for the formulation of Centchroman tablets, in the trade name of 'Saheli', and Mala D. The project was commissioned during October 1993. The Plant has a production capacity of 30 million tablets per annum of Saheli. The total project cost is approximately Rs.120 lakh.

13.3.13 (iii) *Centchroman Bulk Drug Project:* HLL proposes to set up a manufacturing plant for this project at Belgaum. This drug was developed by the Central Drug Research Institute, Lucknow. The scaling up process for manufacture is being undertaken by M/s. SPIC, Madras. The estimated project cost is Rs.475 lakh.

13.3.13 (iv) *Blood Bag Project:* A Blood Bag manufacturing unit with a capacity of 2 million blood bags per annum is being set up at Akkulam with technical know-how from M/s. Sree Chitra Thirunal Institute for Medical Sciences and Technology, Thiruvananthapuram.The Plant is expected to function by June, 1994. The estimated project cost is Rs.997.49 lakh.

13.3.13 (v) *Hydrocephalus Shunt Project:* A manufacturing unit with an annual capacity of 5,000 pieces is being set up at Akkulam with the technical know-how from M/s.Sree Chitra Thirunal Institute for Medical Sciences and Technology, Thiruvananthapuram. The estimated project cost is Rs.66.08 lakh. The Plant is expected to be completed by April, 1994.

13.3.14 *Future Projects Planned : Urology Catheters:* This project is envisaged at Belgaum. Identification of technology is in progress. The project cost outlay is estimated to be around Rs.1200 lakh and it is likely to be completed by April, 1995.

13.3.14 (i) *I.V. Solution Project:* This project is in the initial stage. The estimated project cost is Rs.2200 lakh. The project is expected to be completed by May, 1997.

13.3.14 (ii) *Injectable Contraceptives:* HLL plans to set up a plant by April, 1998 for the production of injectable contraceptives. The estimated project cost is Rs.1000 lakh.

13.3.14 (iii) *Subdermal Implants:* A plant for the manufacture of Subdermal Implants at a cost of Rs. 1000 lakh is expected to be completed by April, 1999.

13.3.14 (iv) *Medical Appliances:* HLL proposes to take up manufacture of various medical appliances required for the National Health care programme.

13.3.14 (v) *Hindustan Latex Research Centre:* HLL plans to set up a National Centre for excellence in Research for contraceptives and health care aids. This is expected to be the nucleus for research work in the area of evolving innovative products.

13.3.15 *Memorandum of Understanding:* Hindustan Latex Limited signed the Memorandum of Understanding with the Department of Family Welfare, Govt. of India, for the financial years from 1991-92 onwards. The performance evaluation of 1991-92 and provisional performance evaluation for 1992-93 were carried out by the Department of Public Enterprises, Govt. of India. The performance evaluation results, categorised HLL under "VERY GOOD" for these two consecutive financial years.

13.3.16 *Production Plans 1993-94:* For 1993-94 HLL has fixed production targets for its various products as follows:

a. Condoms	- 600 m. pcs.
b. Disposable Gloves	- 24 m. pcs.
c. Saheli (Centchroman tablets)	- 18 m. tabs
d. Copper T	- 1 m. pcs.
e. Hydro Cephalus Shunt.	- 1000 pieces
f. Mala DN	- 16 m. pcs.

13.3.16. (i) These production levels are estimated to increase the company's turnover from 36 crore in 1992-93 to Rs.50.13 crore for 1993-94.

13.3.17 *Human Resource Development:* Over Rs.10 lakh were spent last year for training and development of employees. Training programmes are broadly classified into three categories. Workers Development Programmes, Supervisory Development Programme and Executive Development Programme. Executives were also nominated to short-term management course at institutions like IIM, ASCI, etc.

13.3.17 (i) During the period 1993-94, the company targets the conduct of training programmes for a minimum number of 320 workers, 70 supervisors and 60 executives covering all the units.

13.3.18 *Industrial Relations:* The Company employs 2049 persons at its plant at Thiruvananthapuram and Belgaum. Cordial employer-employee relations exist since the past ten years. Long-term wage agreements have been arrived at through bi-partite negotiations. The company has a productivity linked incentive scheme for its employees. Through a referendum the company brought down the number of its recognised unions from 11 to 3, with the full acceptance and participation of all employees and Unions.

13.3.19 *Fulfilment of Social Obligations:* Adequate care has been taken for the rural and peripheral development by the Company. One of its project is located at Kanagala Village in Belgaum district, Karnataka State which is a backward area and a place where no other industry exists. With the commissioning of HLL's unit here, the economic condition of the area has improved considerably.

13.3.19 (i) The company strictly ensures the implementation of the reservation policy of the Govt. of India. It has in its strength of 2049 employees, 20.20% belonging to SC and 5.03 % belonging to ST.

13.3.19 (ii) HLL has formulated a scheme for imparting training to 10-15 physically

handicapped persons for a period of one year at the Nirodh Factory, Thiruvananthapuram under the company's Training and Development Programme.

13.4 Family Welfare Training and Research Centre

13.4.1 Family Welfare Training and Research Centre, Bombay is a Central Training Institute, responsible for in-service training in Health and Family Welfare for States in the Western Region of the country, which include States of Gujarat, Madhya Pradesh, Andhra Pradesh, Goa, Daman and Diu and Dadar and Nagar Haveli.

13.4.2 Training related to Primary Health Care, Family Welfare and other integrated National Health Programmes is imparted to various categories of health professionals of State and district level, i.e. District Health Officers, District Extension and Media Officers, Key-trainers from Health and Family Welfare Training Centres of the above States. The Centre is also conducting a one year academic course of Diploma in Health Education for candidates deputed from all over the country and also for one or two candidates sponsored by the World Health Organisation. The course was started in the year 1987-88.

13.4.3. Training Programmes are also held for W.H.O. Fellows deputed through the Ministry of Health and Family Welfare as per the needs of the trainees.

13.4.4 During the year 1992-93, training, education, research and clinic services of the Centre were continued in accordance with its objectives.

13.5 Information, Education and Communication (IEC) Training Scheme

13.5.1 *Training Workshops:* F.W.T. and R.C, Bombay, overseas the implementation of the I.E.C. Scheme in Madhya Pradesh. The scheme covered 17 districts of M.P. in the year under report. During the year, F.W.T. and R.C., along with State H.F.W.T.Cs, conducted two initial training for District/Training and Supervisory Team members from Bhopal, Ujjain, Dewas, Bilaspur, Durg, Sarguja, Raipur and Raigarh districts. The faculty also participated in conducting one day re-orientation workshops for District Training Teams and P.H.C. staff at 8 district headquarters.

13.5.2 *Mid-term Evaluation of I.E.C. Training:* Mid-Term Evaluation Report was presented to the Director (Media), Ministry of Health and Family Welfare, New Delhi in October 1992.

13.5.3 *Printing of "Swasthya Shiksha" :* During the year, this Centre completed the task of Hindi adaptation of the W.H.O. publication, "Education For Health". The task was assigned by the Media Division, Deptt. of Family Welfare, Ministry of Health and Family Welfare. With the funds provided by the Ministry, this Institute got about 37,000 copies of the book, entitled "Swasthya Shiksha", printed. These will be distributed in the Hindi speaking States, as per the Ministry's instructions.

13.5.4 *Flip Rolls:* 2560 Plastic Rolls were developed during the year. Each Flip Roll contains 16 health messages. These rolls will be distributed to IEC districts in Madhya Pradesh.

13.5.5 *Prevention of AIDS:* Health Education activities for prevention of AIDS are conducted by the Centre. A number of health education talks on AIDS have been given during the year at various organisations - S.N.D.T. Women's University, Bombay; St. Joseph's High School, Vikhroli, Bombay; Vanita Vishram School, Bombay; Vidya Vikasini School, Kandivli, Bombay.

13.6 International Institute for Population Sciences, Bombay

13.6.1. *Training:* The International Institute for Population Sciences, Bombay, is a "Deemed University", under the administrative control of the Ministry of Health and Family Welfare, for imparting training, conducting research and providing consultancy services in the field of Population Studies. The Institute conducts three regular courses of one year duration, viz. a) The Diploma in Population Studies (DPS); b) Master of Population Studies (MPS)' c) M.Phil Degree programme in Population Studies. Diploma course in Health Education (DHE) is also conducted by the FWRTC under the auspices of IIPS. In addition to these courses, Ph.D. Programmes are conducted by the Institute. During the academic year 1992-93 there were 23 students for the Diploma course in Population Studies (of which 21 were from countries of ESCAP region outside India, under the UNFPA fellowship programmes, and 2 were sponsored by two States of India); 19 for M.P.s course (of which 18 are admitted under Govt. of India and one from Nepal sponsored by WHO fellowship); 10 for M.Phil programme and 36 have registered for Ph.D programme (of which 10 Indian students are registered with Govt. of India fellowship).

13.6.2 *Research :* The Institute completed 13 Research Projects during 1992-93.

13.6.2 (i) 19 on-going research projects which were initiated during 1992-93 are in different stages of completion.

13.6.2 (ii) 14 new research projects were taken up during the year 1992-93.

13.7 The National Family Health Survey

13.7.1 The National Family Health Survey (NFHS) is a household sample survey which covers 24 States and the Union Territory of Delhi. Its objective is to provide State and National level estimates of fertility, infant mortality, child mortality, practice of family planning and maternal and child health care services and their utilisation. This information is intended to assist the policy makers and programme administrators in formulating the strategies for improving the family welfare programme in the State.

13.7.2 The data collection for the NFHS was done in three phases. By August, 1993 all the data collection was completed and the Preliminary Reports have been completed for all the States. The next phase of NFHS is the finalisation of State and All India reports for which preparations are going on.

13.7.3 The NFHS is an important component of the project strengthening the "Survey Research Capabilities of the Population Research Centres", undertaken by the Ministry of Health and Family Welfare. The Institute has been designated as the nodal agency for the implementation of the Project.

13.7.4 *Consultancy Services:* During the year 1992-93, the Institute has provided consultancy services to various institutions in India in the field of Population.

13.7.5 *Publication:* The Institute brings out a quarterly newsletter about various ongoing activities of the Institute. During 1992-93, the Institute published four issues of the IIPS Newsletter. The Institute also brings out a biennial publication entitled "Dynamics of Population and Family Welfare". The 7th in this series has been published consisting of 14 papers from research studies conducted in 1990-91.

13.7.6 *Library:* The Institute's Library is considered to be one of the best libraries in Population and related topics in this region. During the year 1992-93, the library added 1117 volumes to its stock, bringing the total number of volumes to 55, 539. The library receives 250 journals regularly out of which

150 journals are by way of subscription. In addition, the library has a total number of 8000 bound periodicals and 12,615 reprints.

13.8 Observance of World Population Day

13.8.1 The Institute observed World Population Day on July 11, 1993. A symposium on the theme of Population and Politics was organised at the Institute.

13.9 Association of the Alumni and Teachers of IIPS

13.9.1 An Association of Alumni and Teachers of IIPS has been formed at the Institute to develop and establish closer contact and interaction among the alumni and teachers of the Institute. The first Executive Committee consisting of 14 members has been formed with Director of the Institute as the Ex-officio President.

13.10 Central Drug Research Institute, Lucknow

13.10.1 *Product Development:* Centchroman, a new Weekly Contraceptive, was indigenously developed by the Institute. The product is now being manufactured and distributed country-wide.

13.10.2 *Centchroman (Management of advanced cancer of breast):* 149 cases of cancer of breast were enrolled at five centres. Of the 127 evaluated cases, 56% cases showed positive response. The trial is in progress.

13.10.3 *Consap (Local Contraceptive Cream):* A total of 224 women volunteers have been covered for 2265 months of use with a Pearl Index of 1.67 in the extended Phase II clinical trials. No side effects have been observed so far except for transitory vaginal burning in 6 cases. Permission to initiate Phase III clinical studies is awaited.

13.10.4 *Lead Generation: (A) Anti-Implantation Activity:* 35 new synthetic compounds and 50 plant extracts including marine flora and fauna were tested for anti-implantation activity and of these 92/320 and 93/13 showed interceptive activity in days 1-7 post-coital schedule in rats. Compound 92/238 reported active at 1 mg/kg in days 1-7 post-coital schedule was inactive when given in the single day schedule on day one post-coitum and hence dropped.

13.10.5. *Menstruation Regulating Activity:* 32 Plant extracts/ fractions were tested for early abortificient activity in rat and/or hamsters and of these plants no.3437 and 3735 showed promising activity.

13.10.6 *Local Contraceptive Activity:* Over 100 compounds tested for spermicidal activity, compounds 93/2 and 93/116 were found promising.

13.11 Basic studies in reproductive biology

13.11.1 (a) *Mode of Contraceptive Action:* Studies with compound 85/287 in rat have suggested that it inhibits protein synthesis in the uterus and uterine peroxidase activity during pre and peri implantation periods.

13.11.1 (b) *In-Vitro Model Development: Female:* Inhibition of growth of trophoblast cells in-vitro by certain pregnant derivatives showed a good correlation with in-vivo activity of compounds 88/583 and 88/585.

13.11.1 (b) (i) *Male:* A method to isolate Sertoli cells from immature rats testis and their in-vitro culture for atleast five days and to determine lactate and oestradiol secretion by the cultured cells has been developed. Screening of agents using this model will be initiated.

13.11.2 *Regional Directors Health and Family Welfare:* Department of Family

Welfare maintains close communication with the offices of the Regional Director (Health and Family Welfare) functioning under the administrative control of the Director General of Health Services. There are 17 regional offices of Health and Family Welfare located at Bangalore, Ahmedabad, Bhopal, Bhubaneshwar, Calcutta, Chandigarh, Hyderabad, Imphal, Jaipur, Jammu, Srinagar, Lucknow, Patna, Pune, Shimla, Shillong, Thiruvananthapuram and Madras. Each of these offices has specific State(s)/ Union Territories attached to them for field operation covering all the States/ Union Territories. Regional Directors visit the area under their jurisdiction and see to the actual implementation of National Health and Family Welfare Programmes in the field.

PART—II

BCG Vaccine Laboratory, Guindy, Madras.

DEPARTMENT OF HEALTH

INTRODUCTION

Shri B. Shankaranand and Shri Paban Singh Ghatowar are Minister of Health and Family Welfare and Deputy Minister of Health and Family Welfare respectively on January 19, 1993. Dr. C. Silvera has assumed charge as Minister of State on February 18,1994.

2. The health problems being faced by us are highly complex and challenging. While we are still struggling to meet the health hazards of communicable diseases like leprosy, TB and malaria, we also have to now cope with the challenge of post transitional diseases like cardio--vascular and cancer. On top of all these, we have to reckon with the horrendous implications of AIDS. The complexity of the health problems is further aggravated by wide-spread poverty leading to malnutrition, unhygienic sanitation, illiteracy and ignorance; these negative forces are reinforced by the rate at which our large population is growing.

3. While the health problems are indeed complex and daunting, the importance of the state of health of our people can scarcely be over-emphasised. As a matter of fact, the ultimate objective of all socio-economic development is to bring about a meaningful and sustained improvement in the well-being and welfare of the people and there is no better index of the well being of a people than the state of their health.

4. The public expenditure in the health sector both Centre and States put together has been a little over 1.5% of GDP. The WHO had recommended that public health care expenditure should gross at least 5% of GDP if equity and universal coverage are to be realised. The plan outlay for the central health sector in 1993-94 is Rs.483.30 crore which is a marginal increase against the previous year's outlay of Rs. 447 crore.

5. *National Aids Control Programme:* Realising the gravity of epidemio- logical situation of HIV prevailing in the country, the Government of India has launched a comprehensive scheme at an estimated cost

of Rs. 220 to Rs.222.6 crore during the 8th plan with assistance from the World Bank to the tune of US $ 84 million and another US $ 1.5 million from WHO. The World Bank loan became effective from September, 1992.

6. With the objective to arrest the HIV/AIDS infections in the country and to reduce the future morbidity, mortality and infection of AIDS, the Ministry of Health and Family Welfare has set up a National AIDS Control Organisation as a separate wing to effectively implement and closely monitor the various components of the Programme. The National AIDS control Programme envisages the planning, counselling, implementing and monitoring of the various activities of the Project, carry out an intensive public awareness and community support campaign through mass media and sustain dissemination of information and health education about HIV and AIDS, upgradation of the blood banking capabilities in the public sector and expansion of HIV screening of all blood used for transfusing and blood-products in the country, strengthening of the institutional capabilities at the State/UT level for monitoring of HIV and AIDS epidemic planning and programming interventions to control such epidemic and strengthening the clinical services and case management activities in STD centres.

7. *National Sexually Transmitted Disease Control Programme (STD):* Recognising STD as one of the major factors for transmission of HIV infection, the National STD Control Programme has merged with the National AIDS Control Programme. There are 5 Regional STD teaching, training and research centres at Delhi, Madras, Nagpur, Hyderabad and Calcutta for undertaking various training programmes. During the year a number of medical officers have been trained. It is proposed to take effective activities to strengthen the clinical services and case management activities in STD centres in 97 medical colleges (including 5 Regional STD Centres) and 275 District level STD clinics.

8. *Blood Safety Programme:* A scheme on prevention of infection and strengthening of Blood Banking System in the country has been under implementation since 1989 under which State Governments were provided assistance for setting up of testing facilities including HIV in the Blood Banks, strengthening and modernisation of State managed blood banks and development of manpower and rational use of blood.

9. Under the Blood Safety Programme, it is proposed to upgrade all the 608 State managed blood banks in the country. During 1992-93, assistance has been given for modernising 90 blood banks under the World Bank assisted National AIDS Control Programme, while 138 blood banks were upgraded till March, 1992. The remaining 380 blood banks are proposed to be taken up for upgradation in a phased manner during the 8th Plan period. During the year 1993-94, 100 blood banks are being upgraded. 10 Training institutions have been operationalised at regional level for training of Doctors and technicians working in the blood banks. The rules under the Drugs and Cosmetics Act have been made more stringent providing for mandatory testing of blood for blood transmissible diseases including HIV and the approval of licence by the licence approving authorities has been made compulsory. It also provides that the whole human blood and components shall conform to standards as prescribed under the Indian Pharmacopoeia.

10. *National Malaria Eradication Programme:* The organised public health programme to control malaria was launched in India in the year 1953. The number of confirmed malaria cases increased during 1976 which necessitated renewed vigorous anti-malarial activities and modification in the existing strategies. With the implementation of the Modified Plan of Operation (MPO) which was based on a two-tier stratification, the total malaria cases decreased from 6.47 million in 1976 to 2.18 million cases in 1984. However, since then the malaria situation in the country has remained more or less static (contained) around two million

cases a year.

11. The NMEP is a category II Centrally Sponsored Scheme on 50:50 sharing basis between the Centre and the State. The budget provision and estimated expenditure under the 50% central share which is in the form of drugs and insecticides during 1993-94 is to the tune of Rs. 11000 lakh.

12. In view of the persistent transmission of malaria in the seven North-Eastern States which are almost inhabited by tribal population, a plan to provide 100% central assistance for the control of malaria is being worked out. The Urban Malaria Scheme came into effect in 1971 with the objective to control malaria by reducing the vector population in the urban areas through recurrent Anti-larval measures. The Scheme was sanctioned in 181 towns distributed in 18 States and 2 Union Territories. It has so far been implemented in 128 towns.

13. *National Filaria Control Programme:* Filariasis is a major public health problem in many States of the country and about 396 million people are estimated to be living in 175 known endemic districts of which about 109 million are in urban areas. The National Filaria Control Programme which was launched in 1955, provides for delimitation of the problem in hitherto unsurveyed areas, control in urban areas through recurrent anti-larval measures and antiparasitic measures. There are 206 control units and 195 clinics giving treatment with Diethylcarbamizine to clinical cases and microfilaria carriers.

14. *Kala Azar:* Kala Azar is a serious public health problem in Bihar and West Bengal. About 30 districts of Bihar and 9 districts of West Bengal are affected by Kala Azar. The increasing trend of the disease is evident from the fact that the total number of cases which were 17806 with 72 deaths in 1986, rose to a total of 77101 cases with 1419 deaths in 1992. However, this trend has been arrested in 1993 with total number of 26752 cases with 439 deaths reported till July 1993.

15. Assistance in terms of cash as well as kind has been provided during the last three years. In 1992-93, about Rs.20 crore worth of assistance in kind has been given to Bihar and West Bengal. Material assistance included the insecticides, DDT and the imported drug Pentamidine Isthionate.

16. *Japanese Eencephalitis:* This disease is caused by a minute virus and manifests as high fever, convulsions, stiffness of the neck and coma etc. The death rate due to the disease is very high and those who survive do so with various degrees of neurological complications. Of late this disease has become a major public health problem and has been reported for 24 States/UTs. As against 4071 cases with 1530 deaths in 1991, 2432 cases with 888 deaths in 1992, cases reported till September 1993 are 189 with 126 deaths.

17. *National Programme for Control of Blindness:* The approach under the NPCB consists of intensive health education for eye care through the mass media and extension education methods; extension of ophthalmic services in the rural areas through mobile units and eye camps and establishment of permanent infrastructure for eye health care as an integral part of general health services.

18. It has been estimated that there is an annual incidence of 2 million cataract induced blindness in the country. At the rate of 1.5 million cataract operations annually, we are adding to the backlog rather than reducing it. In order to strengthen the Programme and to reduce the backlog of blindness, it has been decided to establish District Blindness Control Societies (DBCSs) under the Chairmanship of the District Collector. So far 267 DBCSs have been formed. A sum of Rs. 6 crore at the rate of Rs. 3 lakh each has already been released to 200 of these DBCSs to make them financially and operationally autonomous. Under the Programme, the equipments and vehicles are also provided to District Mobile Units and Primary Health Centres. The NPCB is being assisted by the Royal Danish Government. The Phase-II of the assistance spans the period 1989-96 and

so far a sum of Rs. 3.86 crore has been reimbursed by the DANIDA to NPCB on the basis of actual expenditure incurred by the various State Governments on stipulated components of NPCB.

19. The World Bank has been approached for Rs. 554 crore assistance for an intensive blindness control programme in the seven States of Tamil Nadu, Andhra Pradesh, Maharashtra, M.P., U.P., Rajasthan and Orissa. One of the strategies of the project is the formation of District Blindness Control Societies in all districts of the Project States and to make them financially and operationally autonomous. Dedicated eye care infrastructure is proposed to be created and strengthened in the District Hospitals and selected sub-divisional Hospitals. Medical colleges are also proposed to be upgraded with the modern ophthalmic equipment and provision of specialised training to the faculty members to perform IOL surgery.

20. *National Iodine Deficiency Disorders Control Programme:* Iodine is one of the essential elements for human growth and development. The spectrum of Iodine Deficiency Disorders affects each and every stage of life from foetus to adult. It is estimated that in India alone, more than 54.3 million people are suffering from endemic Goitre and about 8.8 million from different grades of mental/motor handicaps. The surveys conducted indicate that out of 235 districts surveyed, IDD is a major public health problem in 193 districts. Goitre is not restricted only to the Himalayan belt of India but also widely prevalent in the plain, plateau, riverine areas and near the sea coast.

21. The achievement of the programme so far has been that 23 States/UTs have completely banned the use of salt other than Iodised salt while another 6 States have banned partially in the endemic areas only. The Chief Ministers of remaining States have been requested to urgently issue notification banning the use of salt other than iodised salt. Testing kits for on the spot qualitative testing have been developed in collaboration with UNICEF and they were distributed to all the District Health Officers in endemic States for regular monitoring. 23 States/UTs have set up Iodine Deficiency Disorder Control Cells to ensure effective implementation of the Programme. It has been proposed to set up the monitoring labs in the States of Arunachal Pradesh, Assam, Gujarat, Himachal Pradesh, Karnataka, Madhya Pradesh, Maharashtra, Sikkim, U.P. and West Bengal. A tentative allocation of Rs.75,000/- per lab has been provided for this purpose.

22. *National Cancer Control Programme:* The Government of India started the Cancer Control Programme in a limited form during the year 1975-76 when central assistance at the rate of Rs.2.5 lakh was provided to institutions for purchase of Cobalt Therapy Units for treatment of cancer patients. This Scheme continued during the 6th and 7th Plan period with the increase of rate of assistance to Rs.12.00 lakh. At the same time, ten major institutions were recognised as Regional Cancer Centres which received financial assistance from the Government.

23. During the 8th Plan, emphasis has been laid on prevention, early detection of cancer and augmentation of treatment facilities in the country. The new scheme envisages projects at district level for preventive health education, early detection and pain relief measures. Under the scheme, financial assistance of Rs. 15.00 lakh is provided to the concerned State Government for each district project selected under the scheme with a provision of Rs.10.00 lakh per year for each district for the remaining four years of the project period. During the years 1990-91 to 1992-93, 17 district projects have been undertaken in Gujarat, Karnataka, Madhya Pradesh, Kerala, Orissa, Punjab, Tamil Nadu and West Bengal. Financial assistance upto Rs.1 crore (in phases) is provided to the State Government for development of Oncology Wings in the medical colleges/hospitals and for purchase of equipments which includes Cobalt Unit. So far financial assistance has been provided for development of Oncology Wings in 16 Medical Colleges/Hospitals in the country.

Financial assistance upto Rs.5.00 lakh is also provided to the registered voluntary organisations for the purpose of undertaking health education and early detection activities in cancer. So far 15 voluntary organisations have been provided the assistance under the scheme.

24. *National Mental Health Programme:* The National Mental Health Programme was launched by the Ministry with a view to ensure availability of mental heath care services for all specially the community at risk and under-privileged section of the population. 11 institutions have been identified for training of health workers under the programme. This training will consist of basic knowledge on mental health to the Primary Health Care physicians and para-medical personnel. During 1993-94, Rs. 18 lakh have been allocated for this programme.

25. *National Leprosy Eradication Programme:* India ranks foremost among the countries saddled with the burden of leprosy sufferers. Out of 2.7 million cases of leprosy in the world, 1.3 million are estimated to be found in India (1993). At the time of the launching of National Leprosy Eradication Programme in 1983, the disease was highly prevalent in the States/UTs of Tamil Nadu, Andhra Pradesh, Lakshadweep, Pondicherry, West Bengal, Maharashtra, Karnataka, Bihar, Nagaland, Sikkim, Andaman & Nicobar. Now the problem of leprosy has been reduced in many of these States.

26. The National Leprosy Eradication Programme was started in 1983 with the objective to arrest transmission of disease by the year 2000 A.D. The programme provides for the provision of domiciliary multi-drug treatment coverage in 135 districts having problem of 5 or more cases per 1000 population and introduction of MDT services through existing general health care services in the low endemic districts. Currently about 60% of leprosy patients are getting the benefit of MDT in the country. Available information indicates that MDT is well accepted by the patients, the tolerance is good and side effects are minimum. There is marked reduction of over 90% in the prevalence rate in the 40 districts which have completed MDT of 5 years or more. MDT coverage has been expanded to all the 201 endemic districts which includes 135 districts on vertical pattern and 66 on modified pattern. During the 8th Plan, it is proposed to provide MDT coverage to all the districts with endemicity of 2 to 4.9 per 1000 population on Modified Pattern and MDT services will also be extended through primary health care in other low endemic districts.

27. A comprehensive proposal for financial assistance of Rs. 302 crore has been agreed to by the World Bank in order to spread MDT in the uncovered areas and to further intensify efforts for reduction of Leprosy. World Bank assistance would also be utilised for strengthening the monitoring information system and to embark on deformity care and rehabilitation programme.

28. *National T.B. Control Programme:* Tuberculosis continues to be a major public health problem in the country with an estimated 1.5% of the population suffering from Radiologically active Tuberculosis and with about 1/4th of the cases being sputum positive or infectious. It is estimated that there are 5 lakh deaths annually on account of this disease while a similar number of persons achieve cure.

29. A joint evaluation of the TB Programme by the Government of India, WHO and SIDA revealed that it was necessary to shift the emphasis from monitoring, detection and treatment to monitoring of the number of cases cured, to bring TB effectively under control. Case holding and monitoring of cure is beset with difficulties on account of need to follow-up patients for a long period of 18 months in the case of conventional therapy and 6 to 8 months in the case of short course chemotherapy. Often patients tend to stop taking drugs when the symptoms of the

disease disappear initially.

30. In order to reduce the burden of disease in a medium term perspective, it is estimated that about 10 lakh sputum positive cases need to be treated and cured each year. The cost of drugs alone for ensuring such coverage would amount to Rs.150 crore per year. Added to this would be the cost of strengthening the organisational structure in the Centre, State and districts for introducing effective supervised administration of drugs. Although the central Plan outlay has been enhanced to a level of Rs.35 crore in 1993-94 from Rs. 28 crore in 1992-93, it is not considered practicable to avail further enhanced outlays without external assistance. A project proposal has, therefore, been made for obtaining World Bank financial assistance based on short-term course chemotherapy for sputum positive cases while the non-infectious cases continues to be on cheaper conventional therapy.

31. *Indian Systems of Medicine:* A lot of concern has been expressed about over exploitation of Medicinal Plants as a result of which rare species are facing extinction. Ministry took initiative in calling a meeting which was presided over by Deputy Minister of Health wherein Secretary, Environment and representatives of CSIR and ICMR participated. A Task Force has been constituted for promotion, development and appropriate exploitation of medicinal plants under the Chairmanship of Secretary, Ministry of Environment.

32. *International Health:* Government of India is assisting the Government of Nepal to establish the BP Koirala Institute of Medical Sciences in Dharan. The Post-graduate training requirements of Nepalese MBBS students year-wise and discipline wise has been worked out. 7 Nepalese students are being imparted training in Indian institutions in the current year itself.

33. The Department of Health has been performing the agency role for the Ministry of External Affairs in connection with the establishment of Indira Gandhi Memorial Hospital at Male.

34. A Protocol was signed with the Government of Russia on the 16th September, 1993 at St. Petersburg in which 13 areas were identified for mutual cooperation.

M. S. Dayal
Secretary (Health)
in the Ministry of
Health and Family Welfare
Government of India

New Delhi
Dated 15-2-1994

ORGANISATION

As per the Scheme of allocation of subjects in the Constitution, the items public health, sanitation, hospitals and dispensaries fall in the State list. Items like population control and family planning, medical education, adulteration of food stuffs and other goods, drugs and poisons, medical profession, vital statistics including registration of births and deaths and lunacy and mental deficiency find a place in the Concurrent List.

1.1.2 The Ministry of Health and Family Welfare at the Centre is responsible for implementation of numerous programmes of National importance like family welfare, primary health care, prevention, control and eradication of major diseases, etc. which form the main plank of our development efforts. The Ministry has several Centrally Sponsored Schemes which are implemented through the States. At the same time, it has also Central Sector Schemes. All these Schemes aim at fulfilling our National Commitment to attain the goal of Health for All by 2000 A.D. in accordance with the Alma-Ata Declaration of September, 1978 to which India is also a signatory.

1.1.3 The Ministry of Health and Family Welfare at the Centre consists of the Department of Health and Department of Family Welfare each of which is headed by a Secretary to the Government of India. (Organisational Charts of Department of Family Welfare and Health are at *Annexure I* and *Annexure II* respectively.)

1.1.4 The Office of the Directorate General of Health Services is an attached office of the Ministry. There are three subordinate offices located at various places in the country which function directly under the Ministry (List at *Annexure-IV*). The Ministry is also administratively concerned with 29 autonomous/statutory bodies. There are also 3 Public Sector Undertakings within the administrative control of the Ministry.

1.2 Department of Health

1.2.1 The Department of Health deals with medical and public health matters including drugs control and prevention of food adulteration. The Department functions through the Directorate General of Health Services - an Attached Office (Organisational Chart at *Annexure III*). It has 97 Sub-ordinate Offices (List at *Annexure V*). The Directorate General of Health Services renders technical advice on all medical and public health matters and in the implementation and monitoring of various health schemes.

1.3 Toning Up of Administration

1.3.1 An efficient administration is the back-bone of any organisation. The efforts made during the previous years were sustained during the year and several steps were taken in order to ensure that Government policies and programmes are implemented not only in time but also efficiently. Administration has been toned up by enforcing discipline and accountability.

1.3.2 The Joint Secretary (FA) has been designated as the Director (Grievances), who meets the staff of the Ministry personally. Further, Secretary (Health) himself is available once every month to hear the grievances of the employees and to redress them. This has gone a long way in motivating the employees and also in redressing the grievances in time.

1.4 Central Health Service

1.4.1 Central Health Service caters to the needs of various participating units in providing medical and health manpower. The service was restructured in 1982 and now consists of following four streams:-

a) General Duty;
b) Non-Teaching;
c) Teaching; and
d) Public Health.

1.4.2 During the year under report, in the General Duty Medical Officer Sub-cadre, the following promotions have been effected.

(i)	Medical Officers promoted as Senior Medical Officer (Rs.3000-4500)	- 8
(ii)	Senior Medical Officer promoted as Chief Medical Officer (Rs.3700-5000)	- 58
(iii)	Officers promoted as Senior Medical Officers/Chief Medical Officers in pursuance of Supreme Court judgement in the case of Dr. P.P.C.Rawani and others	- 55

1.4.3 In the Non-Teaching cadre 27 Specialist Grade-II Officers of the Non-Teaching Sub-Cadre were given promotion to Specialist Grade-I Officers, in the scale of pay Rs.4500-5700. 31 Specialist Grade II Officers were placed in the Senior scale (Rs.3700-5000).

1.4.4 37 Associate Professors have been placed/designated as professors in the pay scale of Rs. 4500-5700. 17 Assistant Professors (Rs. 3000-5000) in the Teaching Specialist Sub-cadre of the Central Health Service have been given promotion as Associate Professors in the pay scale of Rs.3700-5000.

1.4.5 In the Public Health Sub-cadre one Specialist Grade-I Officer was promoted to Supertime Grade. Two Specialist Grade-II (Rs.3700-5000) Officers of Public Health Sub-cadre have been placed in Specialist Grade-I of Public Health Sub-cadre in the pay scale of Rs.4500-5700. One Specialist Grade-II (Rs.3000-5000) Officer of the Public Health Sub-cadre was placed in the Senior Scale of Rs.3700-5000 of Public Health Sub-cadre of the Central Health Service.

1.4.6 8 Central Health Service Officers had gone on study leave during the period from

April, 1993 to September, 1993 and 27 Officers have attended training programme during the year under report.

1.4.7 657 Officers of the Medical Officer Grade of the Central Health Service have been confirmed.

1.5 Computerisation

1.5.1 Health Informatics Division (HID) of the National Informatics Centre(NIC) provides Computer and MIS support to Ministry of Health and Family Welfare. Towards this, HID is running a full-fledged computer centre in the Ministry. The Centre is equipped with a full range of computer systems, software and manned by computer professionals for the successful functioning of various projects. The 486 based mini computer system is operational with 45 terminals connected to it in a star network. International and National Electronic Mail (NICMAIL) facilities are available for use by the Ministry through this centre. NICMAIL is being used for sending across/receiving information to/from various district, state, and other NIC centres spread all over the country. Various computer based presentations are prepared by this division for decision making at the highest level. In addition, complete hardware and software support is provided for document preparation for various conferences held by the Ministry. Salient features of some of the projects and their progress during the current year are given below :

1.5.2 *Health and Family Welfare Management Information System*: NIC is assisting CBHI in the implementation of HMIS (Ver 2.0) throughout the country. NIC has already developed the necessary software which is being implemented in the district and state level computers of NIC. The package extensively uses NICNET for data transfer and dissemination of information at the state and central levels. During this year, the system has been implemented in Gujarat, Sikkim, Tripura and Andaman and Nicobar Islands. By the end of current financial year, it is expected to be implemented in Karnataka, Maharashtra and Rajasthan also. CBHI's computer facilties are being strengthened through NIC for timely dissemination of information using advanced analytical tools.

1.5.3 *Reimbursement of CGHS Claims*: During the current year, NIC had taken a turn-key project for the development of Claims Monitoring and Enquiry System for Reimbursement of CGHS claims. Already system study had been completed and software development is in progress.

1.5.4 *Computerised On-line Allotment of Seats and Display System for Admission to MBBS/BDS Courses under 15% All India Quota:* DGHS had entrusted to NIC the design, development and implementation of the above system for the Ist and IInd round of allotment of All India Quota of MBBS/BDS seats during the academic year 1993.

1.5.4.(i) The database of the selected candidates and colleges with available seats was maintained in the computer which was updated on the selection of the college by the candidate and approval of the same by the Selection Committee. On updation, allotment letters for candidates and various other reports were generated. As a part of On-line system, multiple TVs were hooked on to the computer as a part of teletext display so that the candidates and others available at the venue can view the allotment process and availability of seats in various colleges.

1.5.5 *MIS on All India Post-Partum Programme*: NIC has designed and developed the system to monitor and evaluate the performance of Post-partum centres throughout the country. Recently, this system has been released to the user for data entry and generation of progress reports.

1.5.6 *Inventory Control and Vendor Analysis System for Medical Stores Organisation and MSD, Delhi*: NIC has been asked to develop and implement the

aforementioned system recently by the Ministry on a turn-key basis. Accordingly, NIC is doing the detailed System Analysis as a part of the System Design.

1.5.7 The following systems developed over the last few years are regularly being used by the Ministry :

(a) Pay Roll Package

(b) Vehicle Monitoring Information System

(c) VIP Reference Information System

(d) Weekly/Monthly Bulletin on Morbidity and Mortality of notifiable diseases.

(e) MIS on Health and FW Training Centres

(f) Budget Monitoring System

(g) Database on Health Information of India

1.5.8 *Hospital Computerisation*: (a) NIC has completed the project on Computerisation of Central Admission & Enquiry Office of G.B. Pant Hospital, Delhi. Also, it has implemented the Pay Roll Package for the staff in the hospital.

1.5.8 (b) NIC has developed and successfully implemented the software for Drug Abuse Monitoring System, Pay Roll Package and Personnel Management Information System for Doctors at Dr. Ram Manohar Lohia Hospital, New Delhi.

1.5.9 *MEDLARS Services:* (i) Medical Literature and Retrieval Systems (Medlars) is one of the largest medical databases from National Library of Medicine, Bethesda, Washington. There are 30 databases comprising information on medicine, dentistry, nursing, health planning, population, cancer, AIDS treatment, chemistry of drugs etc. The Indian Medlars Centre at NIC is the 17th Centre in the world which can directly access this vast source of information through Satellite Communication of NIC, via Tymnet and Telenet.

1.5.9 (ii) In the Medlars family, the largest database is Medline which gives information on medical publications in addition to dentistry and nursing. Medline data tapes are received monthly and a database has been created on the computer system located in the Bibiliographic Informatics Division. This database is accessible searchable within India from any institution or library either on NICNET or through telephone and a modem. Passwords are given for interactive searching of Medline from any location in the country.

1.5.9 (iii) In addition to Medline, NIC also provides Information on Cancer, Population Toxicology and other databases such as Biological Abstracts, Science Citation Index etc. NIC also provides fulltest articles from 520 core biomedical journals as contained in Adonis, a document delivery system on CDROM.

1.5.10 *Training Activities*: Large number of personnel had been sent for various programmes of the Training Division of NIC.

HEALTH PLANS

The Plan outlay for1993-94 was Rs. 483.30 crore; a major portion of outlay under this head was used for the National Programmes for the control of Communicable and Non-communicable diseases implemented through the Centrally Sponsored Schemes. The 1993-94 outlays included allocations for National Malaria Eradication Programme (Rs. 110.00 crore), National AIDS Control Programme (Rs. 73.00 crore) National Leprosy Eradication Programme (Rs.35.00 crore), National Programme for Control of Blindness (Rs. 25.00 crore), National Tuberculosis Control Programme (Rs. 35.00 crore). Along with other disease control programmes the outlay comes to Rs. 312.24 crore out of a total of Rs. 483.30 crore. An outlay of Rs. 96.60 crore was assigned to Medical Education, Training and Research and ISM and other programmes accounts for another Rs. 74.46 crore. The major National Health Programmes are likely to utilise allocations budgetted for 1993-94.

2.2 External Assistance

2.2.1 Department of Health has also put in considerable efforts at getting enhanced quantum of funds through external assistance for major National Health Programmes. The objective of taking this support is to enable us to make a more determined impact on the disease control programmes and reduce the levels of morbidity and mortality.

2.2.2 The Department of Health has been engaged in improving the health care services and access to health, particularly among the poor and introduce policies which would lead to effective prioritisation of programmes and reduction of disparities that are seen to exist in the delivery of health services.

2.3 Conference of the Central Council of Health and Family Welfare

2.3.1 After an interval of 4 years, the CCH&FW was held from 14th to 16th July, 1993. This is an apex decision making body relating to Health and Family Welfare

programmes and policies. This council is headed by Union Minister of Health and Family Welfare and consists of State Health Ministers, eminent individuals in various fields of Health and Family Welfare as statutory members and representatives of the major institutions and organisations interacting with the Departments of Health and Family Welfare.

2.3.2 The council reviewed the issues of health finances, medical education facilities, major disease control programmes, Indian System of Medicine and Homoeopathy, food adulteration and family welfare programmes. The council placed emphasis on stepping up of efforts to improve the provision of health care services.

2.3.3 The Council adopted the following resolutions:-

2.3.3 (i) The Council noted with concern the declining sex ratio of females. The influence of socio-economic status and literacy on fertility behaviour and infant mortality rates. The Council resolved that family planning should not be seen as the concern of one department or State or Central Government, but a programme for which all departments must participate actively. The council also noted the various initiatives taken by Departments of Health and Family Welfare for strengthening of Information, Education and Communication for securing mass support in respect of family planning. Involvement of non Government organisations for promoting family planning and Family Welfare Programmes; the implementation of social safety net programme in 90 districts. The council resolved to give high priority to child survival and safe motherhood programme to achieve the goal for reduction of infant mortality rate, maternal mortality rate, child mortality rate etc.

2.3.3 (ii) The council noted the inadequacy of existing level of allocation of funds and recommended substantial enhancement and enjoined the States to utilize the funds from Centrally Sponsored Schemes for the purpose they are intended.

2.3.3 (iii) The Council also considered the draft of National Education Policy in health sciences and endorsed the policy document in principle and recommended that a detailed programme of action may be developed in a time bound schedule.

2.3.3 (iv) The CCH&FW also discussed and adopted resolutions on the ongoing National Health Programmes viz. National Aids Control Programme, National Malaria Eradication Programme, National Leprosy Eradication Programme, National TB Control Programme, National Programme for Control of Blindness, National Cancer Control Programme, Iodine Deficiency Disorders Control Programme, for strengthening and effective vigorous implementation of these programmes. The council adopted the resolution with regard to Indian System of Medicine and Homeopathy for strengthening of Under-graduate colleges, departments of specialised treatment centres, drug control of Indian System of Medicine and development of medicinal plants etc.

2.3.3 (v) The Council also emphasised the urgent need for strengthening the machinery for the proper enforcement of Prevention of Food and Adulteration Act and Rules.

2.4 Audit Inspection Report

2.4.1 As per information received upto 15th September, 1993, from various Accountants General and Director General of Audit, Central Revenues, the number of Audit objections and the number of paras from the Audit Inspection Reports on the accounts of Department of Health and its attached and subordinate offices outstanding as on 15.9.1993 were as under:-

Inspection Reports 343
Audit Paras 2162

2.4.2 All efforts continue to be made to settle the outstanding objections and audit inspection report paragraphs.

DETAILS OF PROVISION UNDER REVENUE AND CAPITAL
(PLAN AND NON-PLAN) FOR 1993-94
IN RESPECT OF DEPARTMENT OF HEALTH

(Rs. in Thousands)

DEMAND No.	*P L A N*		*N O N - P L A N*		*TOTAL*
	CAPITAL	*REVENUE*	*CAPITAL*	*REVENUE*	
40 - Department of Health	1,06,00	4,68,94,00	2,59,91,00	3,30,60,00	10,60,51,00
				99,99	
30 - Loans and Advances to Govt. Servants.	13,30,00				99,99
					13,30,00
78 & 79 - Works Budget					
	14,36,00	4,68,94,00	2,59,91,00	3,31,59,99	10,74,80,99

	REVENUE	CAPITAL	TOTAL
PLAN	4,68,94,00	14,36,00	4,83,30,00
NON-PLAN	3,31,59,99	2,59,91,00	5,91,50,99
TOTAL	8,00,53,99	2,74,27,00	10,74,80,99

2.5 **Financial Assistance to Voluntary Organisations**

2.5.1 In order to promote outreach services in rural and high density urban slum population of the country, the Government of India have been giving financial assistance to the voluntary organisations for encouraging them to set up new hospitals/dispensaries in rural areas or to expand and improve the existing hospital facilities. Financial assistance is available under the following grant-in-aid schemes:-

i) Scheme for Improvement of Medical Services;

ii) Promotion and Development of Voluntary Blood Donation Programme; and

iii) Special Health Scheme for Rural Areas.

2.5.2 The maximum ceiling of grant available under the grants-in-aid scheme is as follows:-

i) Improvement of Medical Services (w.e.f. 1.4.1992) Rs. 4.00 lakh for purchase of hospital equipments and/or construction purposes.

ii) Promotion and Development of Voluntary Blood Donation Programme (w.e.f. 29.3.1989)

Non-recurring - Rs. 1.00 lakh for purchase of mobile van.

Recurring - Rs. 15,000/- in the first year and Rs.10,000/- in subsequent years.

iii) Special Health Scheme for Rural Areas (w.e.f.1.4.1992)

2.5.3 Rs. 8.00 lakh for construction of hospital building, O.T. etc. and Rs. 4.00 lakh for purchase of Hospital equipments.

2.5.4 Grants-in-aid amounting to Rs. 29.14 lakh has been given to 23 voluntary institutions during the year 1992-93. During 1993-94 (Upto 15th September, 1993), an amount of Rs. 6.70 lakh has already been released to 4 voluntary institutions.

2.6 Health Minister's Discretionary Grant

2.6.1 Financial assistance to the poor and indigent patients is given from the Health Minister's Discretionary Grant to defray a part of the expenditure on hospitalisation / treatment in cases where free medical facilities are not available. During 1992-93 assistance totalling Rs. 23.57 lakh was given to 304 individuals. In view of the large number of requests being received for assistance, the provision under the Health Minister's Discretionary Grant has been raised from Rs. 15.00 lakh to Rs. 30.00 lakh. The maximum ceiling of grant has also been raised from Rs. 10,000/- to Rs. 20,000/- in each case.

MEDICAL RELIEF AND SUPPLIES

The Centre organises facilities for health care of its employees and pensioners living in the Capital and other major cities through Central Government Health Scheme and public hospitals. It rushes relief and supplies to areas hit by natural calamities and unforeseen disasters. The Ministry also assists in investigations for various crimes through providing serological and chemical examination services.

3.2 Central Government Health Scheme

3.2.1 The Central Government Health Scheme (CGHS) was introduced on 1st July, 1954 as the 'Contributory Health Scheme' in Delhi, so as to provide comprehensive medical care facilities to the Central Government Employees and members of their families to replace the cumbersome and expensive system of reimbursement of medical expenses. Initially the scheme began with 16 Allopathic Dispensaries covering about 2.33 lakh pensioners.

3.2.2 *Scope of CGHS*: Over the years, the CGHS has grown, both in coverage and scope. It has been extended to Bombay, Calcutta, Patna, Madras, Hyderabad, Bangalore, Pune, Nagpur, Ahmedabad, Jaipur, Kanpur, Allahabad, Meerut, Lucknow and Jabalpur. The peripheral towns of Gurgaon, Faridabad and Ghaziabad are included under the CGHS Delhi. One Allopathic Dispensary each in Bhubaneshwar and Ranchi is functioning exclusively for the Accountant General employees. As on 31.3.93 there were 230 Allopathic Dispensaries, 17 Polyclinics, 31 Ayurvedic Dispensaries/Units, 34 Homoeopathic Dispensaries/Units, 8 Unani Dispensaries/Units, 2 Siddha Units and 3 Yoga Centres in these cities, covering 45.17 lakh Central Government Employees and other entitled persons. All the dispensaries work in a single shift with limited afternoon services facilities in functioning (multi shift) Dispensaries. However, some of the dispensaries are being run for 12 hours

continuously on an experimental basis.

3.2.3 Besides the Central Government Employees, the other categories of population availing CGHS facilities include employees of autonomous organisations, retired Central Government servants, widows of Central Government employees in receipt of family pension, M.P.s and Ex-M.P.s, Ex-Governors, Ex-Vice Presidents, retired Judges of Supreme Court and High Courts, Freedom Fighters and Members of general public in 14 specified areas in Delhi. The Scheme has also been extended to the workers of the Employees State Insurance Corporation, Kanpur, retired employees of Indian Council of Agricultural Research (non-optees in Delhi/New Delhi), employees of Kendriya Vidyalaya Sangathan stationed at Calcutta, Madras, Bombay, Bangalore, Hyderabad and Secunderabad, the employees of statutory canteens in the cities where the Scheme is functioning, the retired employees of NIH & FW, New Delhi. CGHS facilities have also been extended to such of the employees of CGHS as are not residing in covered area.

3.2.3 (i) The Press representatives and the employees of the Delhi High Court have also been given CGHS facility from March, 1988 and November, 1988 respectively.

3.2.4 *Facilities and Services under the CGHS:* The facilities provided under the Scheme include out-patients care through a network of Allopathic Dispensaries as well as Ayurvedic / Homoeopathic / Unani Dispensaries/Units, supply of medicines, laboratory and X-ray investigations, domiciliary visits, emergency treatment, ante-natal care, confinement and post-natal care, advice on family welfare, specialist consultations and hospitalisation facilities in Government Hospitals as well as in private hospitals recognised under C.G.H.S.

3.2.5 Since November, 1984, the Central Government pensioners have been made eligible for reimbursement of cost of hospitalisation/specialised treatment including cost of artificial appliances. In order to increase the number of service institutions as well as to offer better services to the C.G.H.S. beneficiaries, all Government Hospitals such as Army, Naval, Railways, E.S.I. and State Government/ Municipal Hospitals have been recognised under C.G.H.S. The domiciliary restrictions to avail of the benefit of the Scheme have been liberalised in favour of pensioners. The Central Government pensioners can avail C.G.H.S. facilities from their nearest dispensary irrespective of the fact as to whether they are residing within the jurisdiction of the Scheme or not.

3.2.6 The orders for one-time payment of CGHS contribution by pensioners have been issued. According to these orders, if the pensioner pays ten-times the CGHS contribution at a time, he is issued a permanent whole-life CGHS card.

3.2.7 *New Initiatives*: In a constant endeavour to improve the functioning and facilities of the C.G.H.S., a number of new initiatives have been taken.

3.2.7 (i) Expenses incurred on Intra Ocular Lens (IOL), Hearing Aids and Pacemakers are reimbursable. In order to expedite disposal of reimbursement of medical expenses claims, powers to reimburse the cost of artificial appliances have been delegated to the Administrative Ministries/Departments. The Addl. Directors/Deputy Directors of C.G.H.S. Organisations have been delegated powers to reimburse the cost of artificial appliances to the pensioners.

3.2.7 (ii) Out-station pensioners have been allowed to obtain medicines from the approved Chemist/Co-operative Stores through authority slips issued by the Deputy Director for a period specified by the specialist at a time.

3.2.7 (iii) To facilitate prompt issue of permission for hospitalisation, CMO in-charge have been authorised to accord

CITY-WISE DISPENSARIES/BENEFICIARIES UNDER VARIOUS SYSTEMS OF MEDICINE DURING 1992-93

NAME OF THE CITY	DATE OF STARTING	EXISTING DISPENSARIES SYSTEM-WISE (AS ON 31-3-93)											
		ALLO.	AYUR.	HOMOEO.	UNANI	SIDDHA	YOGA	TOTAL	POLY CLINICS	LABS	DENTAL UNITS	No. OF # FAMILIES	No. OF # BENEFIC.
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Ahmedabad	Apr. 1979	*5	1	1				7	0	1	1	6152	24312
2. Allahabad	Mar. 1969	7	1	1				9	1	1	1	29499	147495
3. Bangalore	Feb. 1976	10	2	1				13	1	2	1	46019	194748
4. Bombay	Nov. 1963	*28	2	4				34	2	17	2	95877	366191
5. Calcutta	Aug. 1972	17	1	2	1			21	1	4	0	111941	473277
6. Delhi	July 1954	84	13	13	4	1	3	118	4	31	3	@421716	@1833399
7. Hyderabad	Feb. 1976	**14	2	2	2			20	2	2	1	64601	390322
8. Jabalpur	Oct. 1991	2						2	0	0	0	8177	29074
9. Jaipur	July 1978	5	1	1				7	1	1	0	21020	94395
10. Kanpur	July 1972	9	1	2				12	0	3	1	37625	176171
11. Lucknow	Mar. 1979	6	1	1	1			9	0	1	1	20143	101351
12. Madras	Mar. 1975	14	1	1		1		17	2	2	1	52994	226401
13. Meerut	July 1971	6	1	1				8	0	1	1	16208	108145
14. Nagpur	Oct. 1973	**10	2	1				13	1	0	1	30112	135528
15. Patna	Nov. 1976	**5	1	1				7	1	2	1	@20220	@100453
16. Pune	July 1978	7	1	2				10	1	1	1	29651	115933
17. Bhubaneshwar	Aug. 1988	1$						1	0	0	0	$	$
	Total	230	31	34	8	2	3	308	17	69	16	1011955	4517195

Figures are provisional.
* Including two sub dispensaries.
** Excluding one sub dispensary.
$ Exclusively for A.G's employees only.
@ As on 31.3.92

EXISTING DISPENSARIES SYSTEM-WISE (AS ON 31-03-93)

permission for hospitalisation in private and referral hospitals recognised under the Scheme.

3.2.7 (iv) With a view to mitigate the hardship faced by the CGHS beneficiaries, powers to settle reimbursement claims relating to treatment undertaken with the permission of CGHS have been delegated to the Administrative Ministries/Departments, as also power to sanction advance to serving employees for treatment expenditure incurred in recognised and referral hospitals. The Deputy Directors/Additional Directors of CGHS Units have also been delegated powers to sanction advances to CGHS pensioner beneficiaries in connection with treatment taken in CGHS recognised hospitals with prior permission.

3.3 Safdarjung Hospital, New Delhi

3.3.1 Safdarjung Hospital is the largest hospital under the Ministry of Health and Family Welfare having all disciplines of medicine and providing all emergency services round the clock.

3.3.2 In the year 1992-93 there have been all round development and improvements in the functioning of the hospital.

3.3.3 927 new posts were created in medical, para-medical, nursing and other cadres for strengthening of various departments for providing better patient care.

3.3.4 A new OPD Complex for providing better patient care in a modern six-storeyed building was made functional in 1992. This has brought great relief to the patients as it has a centralised registration hall with a separate registration counter for different disciplines. It can accommodate more than 3,000 patients at a time. Major departments have been accommodated so that comprehensive medical care is provided under one roof. In the Department of STD, an AIDS Surveillance Centre and Zonal Blood Testing Centre for Blood Banks have also started functioning.

3.3.5 Various new equipments have been provided to almost all departments, which has greatly improved the services. The total cost of machine and equipments procured under Non-Plan during the year 1992-93 is Rs.206.85 lakh and under Plan is Rs.192.57 lakh.

3.3.6 With the augmentation of staff in medical, para-medical and nursing cadres and equipments the services have greatly improved. To ensure discipline, cleanliness and better patient care regular monitoring and superintendence is done.

3.3.7 During the year 1992-93, workshop/update organised in this hospital are: National Workshop on Paediatric Trauma alongwith CME, Conference in ENT, Surgery, up-date and Conference of Gynaecological Oncology etc.

STATISTICAL INFORMATION RELATING TO CERTAIN ACTIVITIES OF HOSPITAL

DATA 1993

	1992-93	Jan.93 to Sept. 93
Bed Strength (including 174 bessinets for new born infants)	1531	1531
Total patients discharged (including deaths) Daily average = 220	80333	60788

	1992-93	Jan.93 to Sept. 93
Total deaths (including new borns) Daily average = 14	5141	3763
Total patients admitted Daily average = 220	80292	61169
Daily average number of patients	1350	1350
Average percentage of occupancy	88.2	85.6
Total No. of deliveries Daily average = 42	15245	11584
Total No. of operations Daily average = 144	43087	36371
Total No. of X-ray exams. Daily average 554	165620	133907
Total No. of lab. exams. Daily average 6,531	1952908	1358798
Total No. of out-patients Daily average 4,798	1434760	1093788
Accident and Emergency Services	166440	132494
Total No. of Post-Mortem Exams. Daily average = 4	1349	1196

The budget provision agreed to in B.E. 1993-94 and R.E. 1993-94 is as under:

(Rs. in lakh)

	B.E. (1993-94)	R.E. (1993-94)
Plan	850.00	879.00
Non-Plan	2685.00	3116.20
Total	3535.00	3995.20

3.4 Dr. Ram Manohar Lohia Hospital, New Delhi

3.4.1 Dr. Ram Manohar Lohia Hospital's status and dimensions have changed considerably since its inception. It has a sanctioned bed strength of 800. The Hospital has 29 Departments including a few Super-Specialities like Neuro-Surgery, Plastic Surgery and Cardiology.

3.4.2 The Hospital runs special clinics in Neuro-Surgery, Diabetes, Hypertension, Well Baby Clinic, Paediatric Neurology, Mastoid Clinic, Polio Clinic, Pain Relief Clinic, Child Guidance Clinic and De-addiction Clinic.

3.4.3 *Activities: (i) Teaching* : This hospital in addition to providing facilities for the under-graduate students of Lady Hardinge Medical College provides, post-graduate

education in various specialities like Surgery, Medicines, Radiology, Paediatrics, Dermatology, Anaesthesia and Orthopaedics. A Nursing School is also attached for Diploma in Nursing with a strength of 75 students. This hospital is the recognised Centre for post-graduate training in the field of Cardiology and Neuro-Surgery.

3.4.3 (ii) *Diagnostic Facilities*: In addition to routine diagnostic and therapeutic services, this hospital has contributed in various specialised services. A new field of interventional Radiology with procedures like Percutaneous Transhepetic Millary Drainage, Percutaneous Nephrostomy and Tumor Embolization are there in the hospital. The facility of digital subtraction angiography, Head C.T. Scan is also available. A whole body C.T. Scanner worth Rs. 4.5 crore is also under installation. A cardio-catheterisation laboratory at a cost of Rs. 1.35 crore has been installed in the hospital which is likely to be functional shortly.

3.4.3 (iii) A Disaster Action Plan has been prepared to mobilise the hospital at a very short notice in order to deliver the best possible services to the maximum number of patients.

3.4.3 (iv) The National Consultant in AIDS, recognised as a prime resource person in the field of AIDS, has been posted in this hospital. The hospital has organised various courses in "Infection Control and AIDS Awareness" for various categories of the hospital staff like Doctors, Nurses, Technicians and others.

3.4.3 (v) A Drug De-addiction Centre of 7 beds to contain the menace of Drug abuse is working in the Psychiatric Ward of this hospital.

3.4.3 (vi) Major renovations have been done in Emergency Block, OPD Block, Nursing Home and Mortuary of the Hospital. Around the Clock Emergency Control Room has been established in the Emergency Department.

3.4.4 A computer room has been established under the control of Department of Psychiatry.

3.4.5 The library of the hospital has been updated by addition of various new books and journals. A Medlar's terminal for the retrieval of data is also being planned to be installed during this financial year.

3.4.6 A band of private security men have been engaged by the hospital to augment the security of the hospital.

3.4.7 During the year 1993-94, the following budget allocation were approved for the hospital:

	(Rs. in Lakh) B.E.	R.E.
Plan	5,10.00	6,15.48
Non-Plan	15,56.00	16,91.85
Total:	20,66.00	23,07.33

3.4.8 *Nutrition Cell*: The Nutrition Cell in the Directorate General of Health Services provides technical advice on all matters related to policy making, programme implementation and evaluation, training content for different level of para-medical workers, standards and labels for foods, project evaluation etc.

3.4.9 The Nutrition Cell also co-ordinates the activities of the State Nutrition Divisions. These State Nutrition Divisions are responsible for conducting diet and nutrition surveys, impart training to different categories of health workers who are involved in the implementation of the nutrition programmes and provide nutrition education to the masses. They have also organised special nutrition activities such as exhibitions, demonstrations, talks and lectures and distributed booklets, posters in

nutrition deficiency diseases, breast feeding etc. during the National Nutrition Week (01-07th Sept. 1993) and World Food Day (16th Oct. 1993).

3.4.10 The Field Unit of Nutrition Cell has completed the survey work related to the study on Infant Feeding Practices among working and non-working mothers of urban slums of Delhi/New Delhi.

3.5 Indian Red Cross Society

3.5.1 Ever since its inception in 1920, the Indian Red Cross Society has done enormous good work in many fields. The Society is a national federation with over 650 Red Cross Branches spread throughout the country at State/Union Territory, District and Sub District levels. It is the collectively of the Headquarters and the Branches inter-woven together that makes up the Society. The Branches and the field workers of the Society always provide a well-knit and well organised network across the length and breadth of the country. They inspire, encourage and initiate at all times all forms of humanitarian activities so that human sufferings are minimised, alleviated and even prevented, thus contributing to the creation of a more congenial society where the most vulnerable individuals and communities can live with a minimum of social and economic security and human dignity.

3.5.2 The main activities of the Society are disaster relief, blood collection and distribution, hospital services, maternity and child welfare, family welfare, Junior Red Cross, community services and ambulance and nursing services.

3.5.3 Relief to the victims of floods and cyclones, earthquake or any other kind of disaster is the main and foremost activity of the Society. During the year 1992, the headquarters of the Society had provided relief assistance for a gross total value of about Rs. 2.3 crore both within India and outside.

3.5.4 The Blood Bank situated in the National Headquarters in Delhi is the largest Voluntary Blood Bank in the country. During 1992, about 50,000 units of blood were collected from voluntary/replacement donors and after performing all required tests, infection free whole blood were supplied free of charge, to needy patients without any distinction of caste, creed or status as a gift from the donors.

3.5.5 The Government of India gives grant-in-aid to the Indian Red Cross Society for its general and blood banking activities. During the year 1993-94 there is a provision of Rs. 13.00 lakh under non-Plan for this purpose.

3.5.6 The Government of India also makes annual contribution to the International Committee of Red Cross. In 1993-94, a sum of Rs. 3.00 lakh has been provided in the budget for contribution by the Government of India.

3.6 St. John Ambulance

3.6.1 St. John Ambulance is a National Federation of 17 State Centres, 9 Railway Centres, 3 Union Territory Centres, apart from about 600 Regional/District/Local Centres and 25 Brigade Districts with nearly 1,700 Divisions comprising over 35,000 trained personnel. While the Association Wing has been imparting instructions in First Aid, Home Nursing and Kinder subjects, the Brigade Wing consists of uniformed personnel, who do field duty. First Aid duties are performed at public functions, fairs, sports meet, factories, mines and other places requiring urgent attention for safety and care in natural and industrial calamities.

3.6.2 During the year 1992, more than 6 lakh of people were trained in First Aid and allied subjects. The motive of the organisation is to serve the sick and injured.

3.6.3 During the year 1992-93, the Ministry of Health and Family Welfare released a sum of Rs. 50,000/- as annual grant-in-aid to the

Association. During the current financial year, i.e., 1993-94, a budget provision of Rs. 50,000/- has been made for being released to the Association as annual grant-in-aid.

3.7 Medical Stores Organisation

3.7.1 The Medical Stores Organisation with seven Depots at Bombay, Calcutta, Guwahati, Hyderabad, Karnal, Madras and New Delhi is responsible for the procurement and supply of quality medical stores including equipment to various hospitals and dispensaries all over the country at the most economical rates. There are about 1,800 regular indentors who draw their requirements from these Depots. The Organisation has three Chemical Laboratories attached to the Medical Stores Depots at Bombay, Madras and Calcutta for conducting the quality control tests.

3.7.2 The Medical Stores Organisation also caters to the needs of hospitals and dispensaries located in rural or sub-urban areas. It receives supplies from international agencies like UNICEF, CIDA, WHO, USAID etc. and distributes them to various parts of the country. The MSO procures various drugs and other items for the implementation of the National Health Programme. It arranges relief supplies to the victims of natural and national calamities. The Organisation also arrange gift supplies to foreign countries at the instance of the Ministry of External Affairs on behalf of the Govt. of India.

3.7.3 In view of the increased activities and important role being played by Medical Stores Organisation, steps for improvement in its functioning by way of providing in-house testing facilities in the Depots in phased manner and introducing computerisation for inventory control and financial accounting have been taken. Action to provide adequate cold storage facilities in various Medical Stores Depots is also being taken.

3.8 Department of Serologist and Chemical Examiner, Calcutta

3.8.1 The Department of Serologist & Chemical Examiner to the Government of India is a Pioneer Organisation in the country working in the different branches of advanced serology since its inception in 1912. The Administrative Control of the Deptt. of Serologist and Chemical Examiner, Calcutta, rests with the Director General of Health Services and the Ministry of Health and Family Welfare, Govt. of India.

Chief Objectives

1. Production and marketing of various diagnostic reagents (VDRL antigen, species, specific antisera etc.) for supply to the Government and Non-Government institutions all over the country.

2. To undertake blood group serology and to offer expert opinion about different types of medico-legal exhibits/biological materials sent to this laboratory.

3. To train laboratory and para-medical personnel in the various fields of serology and S.T.D.

4. To undertake research in immunodiagnostics and provide facilities for post-graduate research.

Newer Activities

There have been much advancement in serology and allied fields during the last two decades. Furthermore, STD/AIDS have been recognised as a challenging public health problem in our country. Consequently, the activities of the organisation have been expanded in the following fields:-

(a) Providing necessary supportive laboratory services to the State Government run hospitals to enable them to organise and expand STD services.

(b) Serving as a Reference Centre for inter-laboratory evaluation of VDRL test.

(c) Serving as Regional STD Training and Research Centre.

(d) Engaged in the isolation, characterisation and standardisation of different fractions of Human Immunoglobulins and also their corresponding monospecific antisera to be used in the medical field as diagnostic reagent.

(e) Work has already been initiated to develop a Regional Blood Group Reference Centre for Eastern Region in order to identify abnormal blood groups and also to investigate transfusion reactions etc.

The Department has the following Sections performing specialised jobs. These are:

1. Forensic Serology Section.
2. V.D.R.L. Antigen Unit.
3. Antisera Production Unit.
4. STD Serology Reference Lab.
5. Regional STD Research & Training Centre.
6. Blood Group Reference Centre.
7. Immunology & Biochemistry.
8. Immunochemistry.
9. Training Section.

3.8.2 *Some of the On-going Research Projects (1992-93):*

(i) Microbiological study of discharge from cases of leucorrhea and from patients suffering from urethritis.

(ii) Study of Chlamydia infections including serology.

(iii) Study on HBs antigen in sera collected from cases attending VD Clinics of Calcutta Hospitals.

(iv) Comparison of S.T.S. positivity with newer serological tests for syphilis.

(v) Evaluation of Immutrap Carbon Antigen Test as a substitute to VDRL test.

(vi) Detection of Anticardiolipin Antibodies (lgM, IgG) and HIV antibodies in sera from STD and leprosy patients.

(vii) Determination of ASO titre and Creative protein in sera from patients of rheumatic heart diseases.

(viii) Production of monospecific antispecies antisera.

(ix) Study of Immunological pattern in cases of myeloma and other cancer patients.

(x) Screening for rare/newer/abnormal blood groups.

3.9 Hospital Services Consultancy Corporation (India) Ltd.

3.9.1 HSCC was set up in March, 1983 under the Administrative Control of the Ministry of Health & Family Welfare. It has a paid-up capital of Rs. 40 lakh and authorised capital of Rs. 50 lakh. The Corporation is offering comprehensive consultancy services including techno-economic survey, preparation of detailed project report, designing (architectural and engineering), hospital management system, hospital administration and bio-medical engineering services, planning, project management and coordination as well as supply, installation, commissioning and maintenance of medical equipments including back-up services, training of medical and

para-medical personnel including updating of technical audit of existing hospitals. In brief HSCC offers total consultancy services relating to health care delivery and related fields under the roof.

3.9.2 *Capital Structure*: The authorised capital of the Corporation is Rs. 50.00 lakh. The paid-up capital is Rs. 40.00 lakh divided into 40,000 equity shares of Rs. 100 each.

3.9.2 (i) The total business of the Corporation has been managed without obtaining any loan/deposits from the Governments/financial institution or public.

3.9.3 *Working Results*: The Corporation has improved its performance in the *Tenth Year* of its operation. The total earning of the Corporation has been Rs. 84.55 lakh during the year 1992-93 as against Rs. 66.16 lakh in the previous year indicating 27.8% increase; gross profit has increased from Rs. 18.99 lakh to Rs. 27.09 lakh registering an increase of Rs. 42.65%.

3.9.3 (i) It is also added that as on 31st March, 1993 the Corporation has paid to the Government Rs. 48.40 lakh by way of dividend, Rs. 118.00 lakh as Corporate Tax, thus totalling Rs. 166.40 lakh as contribution of the Corporation to the Central Exchequer. The Corporation has also generated internal resources to the extent of Rs. 74.54 lakh upto 31st March, 1993.

3.9.3 (ii) The Corporation has declared and paid dividend @ 21% on the paid up capital to its share holders for the year 1992-93 which is the highest till date.

3.9.4 *Major Projects in Hand*: Currently the Corporation is engaged as consultants for implementation of the following major projects.

1. Preparation of Final Project Report, Master Plan, detailed Design and Engineering Services including Site Supervision for 500-Bed Referral Hospital in Nagaland (Phase-I). (Cost of Project - Rs. 210 million).

2. Supply, Installation and Commissioning of Medical Equipment to 340-Bed Kandal Hospital at Phnom Penh Kampuchea (Phase-II).

3. Comprehensive Design Consultancy and Planning of Medical Equipment, recruitment of medical personnel and management services for 101-Bed Hospital for Chanda Devi Charitable Trust, Shillong. (Cost of Project -Rs. 70 million).

4. Master Plan, Detail Planning and Design, Project Management, Supply and Installation of sophisticated medical laboratory equipment for the National Institute of Biologicals, at NOIDA, a joint venture of OECF (Japan), USAID and Government of India. (Cost of Phase-I of Project -Rs. 697 million).

5. Preparation of Detailed Project Report, Procurement, Installation and Commissioning (Turn-Key) of Central Sterile Supply Department and Laundry at Post Graduate Instt. of Medical Education & Research at Chandigarh. (Project Cost - Rs. 20 million).

6. Preparation of Detailed Project Report & Design Consultancy for Expansion Project of Central Hospital of Eastern Coal Fields Ltd., Kalla, West Bengal. (Cost of Project - Rs. 48 million).

7. Preparation of Detailed Project Report and Design Consultancy for the 200-Bed Hospital at

Agartala (Tripura). (Project Cost - Rs. 125 million).

8. Preparation of Project Report for a 40-Bed Private Hospital in Asansol, West Bengal.

9. Preparation of Detailed Project Report of the Development Plan & Schematic Master Plan for the expansion of existing facilities of Institute Rotary Cancer Hospital, AIDS, New Delhi.

10. Planning, Design and Comprehensive Consultancy Services for the 250-Bed Trauma Centre of AIIMS at Raj Nagar, New Delhi. (Project Cost -Rs. 400 million).

11. Procurement, supply and installation of laboratory equipments for upgradation of CGHS Laboratories at various places in the country. (Total value is approx. Rs. 2.00 crore).

12. Preparation of pre-feasibility report for the Nurul Hasan Post Graduate Institute of Medical Sciences and Research Centre at Kalayani, West Bengal. (Approx. Cost of Project -Rs. 81.00 crore).

3.9.5 Health service is a very important part of Nation's economy. This requires high-tech services also. HSCC, through its consultancy services is promoting the national goal of achieving health for all by the year 2000 AD. By exporting expertise, HSCC is promoting Co-operation, which is an integral part of our foreign and economic policy.

3.10 Natural Disasters

3.10.1 The geographical attributes of our country make it extremely vulnerable to natural calamities. During 1993, 8 out of 31 States/Union Territories were affected by floods during the monsoon season. Timely action on the part of the Government averted major epidemic although normal incidence of most diseases were observed.

3.10.2 During 1993, a major earthquake measuring 6.3 on Richter scale struck Latur and Osmanabad districts of Maharashtra and adjoining districts of Andhra Pradesh and Karnataka in the early morning on 30th September. Extensive damage to life and property in the districts of Latur and Osmanabad was reported. Following the quake every measure was taken to prevent further loss of life by providing the necessary medical assistance to the quake affected population. The death toll reached 9,485. The State Government of Maharashtra initiated necessary steps. To supplement the efforts of the State Government, Ministry of Health, Government of India airlifted 45 specialists medical teams from New Delhi along with life saving medicines, equipments and relief material. Summary of action taken by the Dte. G. H. S. is as follows:-

3.10.2 (a) *Medical Teams:* 15 Medical teams consisting of 45 specialists from Safdarjung, RML, LNJP and Lady Hardinge Medical College were airlifted immediately at 12.00 midnight on 30.9.93.

3.10.2 (b) *Medical Store Supplied:*

Life Saving Drugs (Costing approx. Rs.25.00 lakh)	. 8.00 Tonnes
X-Ray Films	1500

3.10.2 (c) *Technical Assistance to the State Governments: Public Health Assistance*: The Public Health Team was sent by N.I.C.D., Delhi to study the various problems faced by the earthquake displaced persons staying in temporary shelters. Their report and recommendations were duly forwarded to the Ministry of Agriculture and the State Government of Maharashtra for implementation.

3.10.3 *Assessment of Psychosomatic Stress on the Affected Population:* A combined team of the Defence Research Development

Organisation and the N.I.C.D. visited the Earthquake affected areas of Maharashtra to assess the psychological impact of the earthquake on quake affected victims. This team will submit their report shortly after completion of the assessment.

3.11 Institutionalization of Health Management of Various Natural Disasters

3.11.1 Six institutions located in various regions of the country have been identified by the Ministry of Health and Family Welfare to promote and propagate the common strategy evolved for health sector management of various natural disasters. These institutions are:-

i) N.I.C.D. Delhi;

ii) All India Institute of Hygiene and Public Health, Calcutta;

iii) JIPMER, Pondicherry;

iv) Administrative Staff College, Hyderabad;

v) National Environmental Engineering Research Institute, Nagpur; and

vi) Sardar Patel Institute of Public Administration, Ahmedabad.

3.11.2 These are institutions of excellence, each of which has specialised in a particular field related to emergencies and disasters. These institutions meet regularly and contribute to evolve a common strategy of minimising the overall mortality/morbidity caused by various natural disasters.

3.12 Other Preparatory Contingency Measures by EMR Division

3.12.1 Different measures taken at the Central level during the year under report were:

i) The existing Contingency Plan was put in operation. As per Plan, the drought and flood contingency plan was circulated to all the States;

ii) Medical Stores at the Central Stores at Karnal, Bombay, Madras, Hyderabad, Calcutta and Guwahati were kept in readiness;

iii) C.R.I., Kasauli was also in readiness to supply vaccines;

iv) During the crisis situations constant contact was maintained with the respective Directors of Health Services to enable the D.G.H.S to keep an eye on the progress of relief measures;

v) The crisis management group of the Central Government of which the Director (EMR) is the member, met frequently during the crisis situations; and

vi) At the State and District level preventive and curative measures were also taken.

3.13 Medical Supplies to the Various States

3.13.1 Position of Emergency medical supply on credit payment for the year 1993-94 (till December, 1993) to different places in India:

Sl. No.	*Name of the State*	*Value (Rs.)*
1.	Punjab	50,00,000
2.	Uttar Pradesh	15,66,931
3.	Bihar	6,31,200
4.	West Bengal	2,61,200
5.	Maharashta (Earthquake Relief)	11,80,685
		86,40,016

3.14 Medical Supplies to the Foreign Countries as Humanitarian Assistance on Behalf of Ministry of External Affairs

3.14.1 E.M.R. Division is the focal point for supplying medical relief to the various countries by the Ministry of External Affairs. During the year 1993, following relief supplies were sent:-

Sl. No.	*Name of the Country*	*Medical Relief (Rs.)*
i)	Mongolia	5,25,430.00
ii)	Grenada	4,94,739.00
iii)	Belarus	49,17,139.00

3.15 Redressal of Public Grievances Committee

3.15.1 A Redressal of Public Grievances Committee is functioning in the Directorate General of Health Services which is looking after complaints relating to medical care of patients of the three Central Government Hospitals namely Safdarjang Hospital, Dr. R.M.L. Hospital and L.H.M.C. & S.K. Hospital, New Delhi. The Committee functions under Chairmanship of the Director General of Health Services.

3.15.2 As per direction of the Committee, one officer in each hospital has been identified as Grievances Redressal Officer who is available in the hospitals to public on fixed time every day.

3.15.3 The complaints relating to medical care are discussed and analysed by the Committee and remedial measures are taken. During 1993, upto 29th December, 18 number of complaints were received. A meeting of the Redressal Grievances Committee was held under the Chairmanship of Director General of Health Services on 28.6.1993 and in which 10 cases of complaints were discussed and decisions taken.

NATIONAL HEALTH PROGRAMMES

The Centre takes concerted measures to combat communicable, non-communicable and other major diseases. For this purpose, several national health programmes are directly run by the Ministry which can have a bearing in the reduction of mortality and morbidity and also have a salutary effect on efforts to improve the quality of life of the common man. These programmes also reinforce the delivery of primary, secondary and tertiary health care throughout the country. This chapter details the progress made in the conduct of these programmes during the period under report.

4.2 National Malaria Eradication Programme

4.2.1 The organised Public Health Programme to control Malaria was launched in India in the year 1953. Its encouraging results prompted the Government of India to switch the strategy from mere control of the disease to eradication of the disease in 1958. The National Malaria Eradication Programme made spectacular progress till 1965 when only 0.099 million cases were recorded from the entire country in that year. But this success was short lived. In 1976, the number of confirmed Malaria cases reached a high of 6.47 million which necessitated renewed vigorous antimalarial activities and modification in the existing strategies.

4.2.2 With the implementation of the Modified Plan of Operation (MPO), which was based on a two-tier stratification, the total malaria cases decreased from 6.47 million in 1976 to 2.18 million cases in 1984. However, since then the malaria situation in the country has remained more or less static (contained) around two million cases a year.

4.2.3 *Control Strategy:* Case detection and prompt treatment are emphasised so as to reduce the parasite load in the community. Blood slides are collected through Active and Passive Agencies and presumptive treatment is given. All positive cases are given

appropriate radical treatment.

4.2.4 Selective and judicious insecticidal spray is done in areas registering an API of 2 and above in the preceding three years. In other areas, focul spray and surveillance are carried out. During 1993-94 about 160 million people were projected for being covered by spraying.

4.2.5 In urban areas, anti-larval measures are in the form of recurrent weekly larvicing with chemicals including Temephos, Fenthion, MLO, Parisgreen. Source reduction as well as other bio-environmental measures are being applied wherever feasible to control the breeding of mosquito vectors.

4.2.6 Malariogenic stratification to prioritize endemic areas into high, medium and low risk areas is being undertaken. This exercise has been completed first in Karnataka, and has been in operation since 1991. During 1993-94, revised strategies based on stratification have been launched in Maharashtra, Gujarat and Rajasthan.

4.2.7 Health Education to awaken the community and seek their active involvement and cooperation in dealing with disease control is being undertaken.

4.2.8 *Budget*: The NMEP is a category II Centrally Sponsored Scheme on 50:50 sharing basis between the Centre and the States. The budget provision and estimated expenditure under the 50% central share which is in the form of drugs and insecticides is given below.

4.2.9 *Tribal Areas*: In view of the persistent transmission of malaria, in the seven North-Eastern States which are almost entirely inhabited by tribal population, a plan to provide 100% Central assistance for the control of malaria is being worked out.

4.2.10 As about 30% of the total malaria cases and about 50% of the P. falciparum cases are reported from the tribal areas of the country, comprising about 44.5 million population of Andhra Pradesh, Madhya Pradesh, Gujarat, Maharashtra, Bihar, Rajasthan and Orissa, a proposal to provide 100% assistance for the control of malaria in these areas is being initiated for posing to the World Bank in due course for funding.

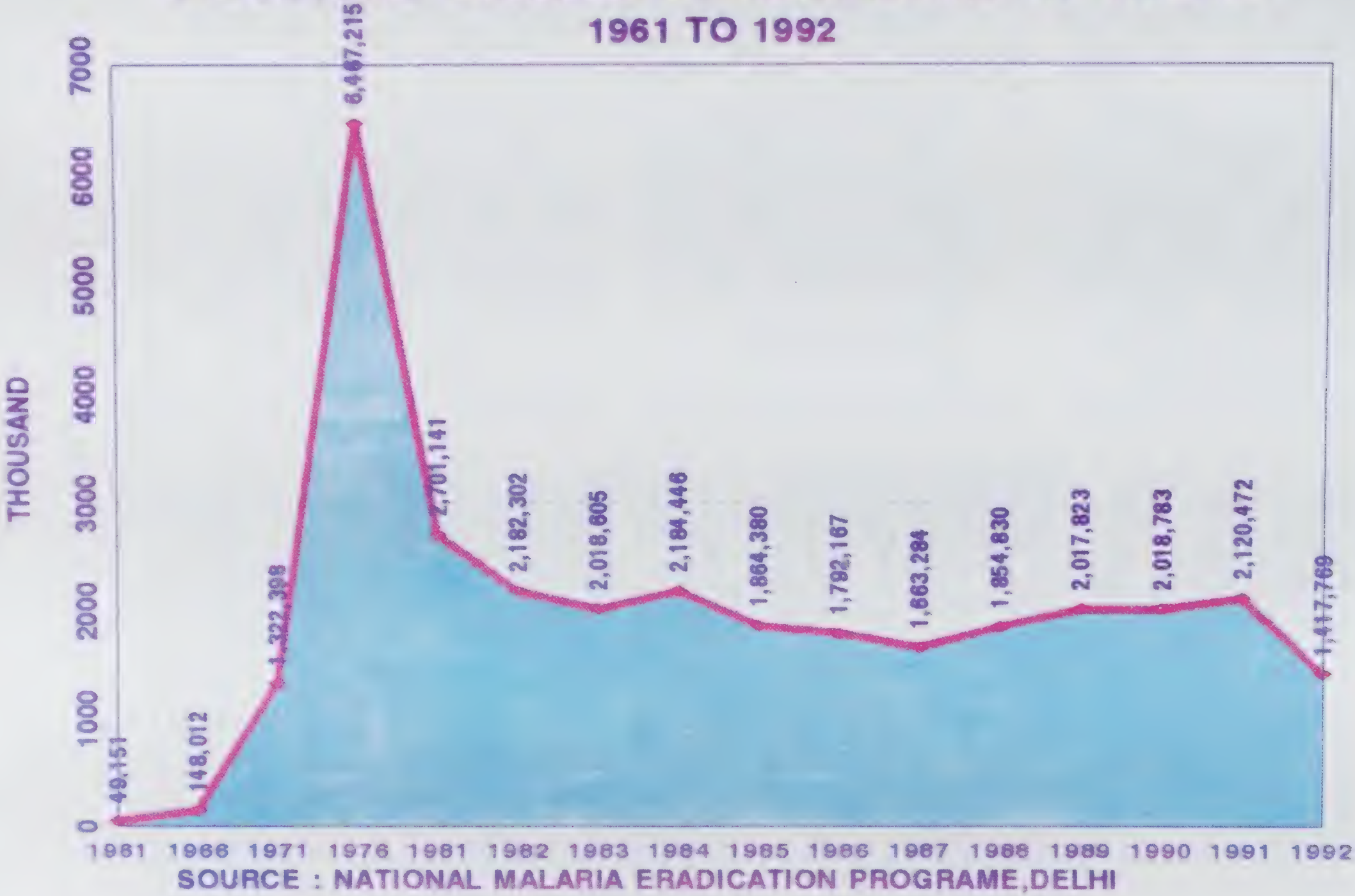
4.2.11 *Control of Malaria in Urban Areas*: The Urban Malaria Scheme (UMS) came into effect in 1971 with the objective to control malaria by reducing the vector population in the urban areas through recurrent anti-larval

BUDGET AND EXPENDITURE

Year	*Budget Provisions*	*Actual Estimated Expenditure (Rs. in lakh)*
1985-86	8868.00	8856.91
1986-87	8500.00	7815.14
1987-88	8200.00	8456.98
1988-89	8300.00	8750.00
1989-90	8900.00	8862.17
1990-91	8200.00	7660.45
1991-92	8960.00(final)	8793.04
1992-93	9700.00	9800.14
1993-94	11000.00	

POSITIVE CASES OF MALARIA IN INDIA

1961 TO 1992



SOURCE : NATIONAL MALARIA ERADICATION PROGRAME,DELHI

measures. Though the scheme was sanctioned in 181 towns distributed in 18 States and 2 Union Territories, it has so far been implemented in 128 towns. About two lakh cases of Malaria were recorded in 120 towns in 1992. It is observed that 120 towns from where comparative data was available, 62 showed a decrease while 58 showed an increase in malaria cases in 1992 as compared to 1991. The metropolitan cities of Delhi, Calcutta, Bombay and Madras recorded 12331, 17893, 11879 and 48447 cases of malaria respectively during 1992 compared to 8491, 13354,5334 and 66,937 during 1991.

4.3 **Kala-Azar**

4.3.1 Kala-Azar is a serious public health problem in Bihar and West Bengal. After its resurgence in Bihar in the early 70s, the disease spread from the 4 districts to adjoining areas. Now about 30 districts of Bihar and 9 districts of West Bengal are effected by Kala-Azar. The increasing trend of the disease is evident from the fact that the total number of cases which were 17806 with 72 deaths in 1986, rose to a total of 77101 cases with 1419 deaths in 1992. However, this trend has been arrested in 1993 with a total number of 26752 cases with 439 deaths reported till July, 1993.

4.3.2 In view of the growing problem, planned control measures were initiated to contain Kala-Azar. Until 1990-91 the assistance for the Kala-Azar Control was being provided by the Govt. of India out of the National Malaria Eradication Programme budget provision. However, specific funds to the tune of Rs. 4.06 crore were made available during 1990-91 for the control of Kala-Azar. Since then, the Govt. of India has considerably enhanced the inputs to Rs. 15.38 crore in 1990-91. During 1992-93, Rs. 20.00 crore were provided against the Annual Plan outlay of Rs.15.00 crore. For 1993-94 a provision of Rs. 20.00 crore has been approved in the Annual Plan.

4.3.3 *Strategy for Control*: The strategy for Kala-Azar control broadly includes 3 major activities:

(i) Interruption of transmission for reducing vector population by undertaking indoor residual insecticidal spray twice annually;

(ii) Early diagnosis and complete treatment of Kala-Azar cases; and

(iii) Health Education for community awareness.

4.3.4 In view of the financial constraints, Govt. of India provides the total costs on medicines and insecticides for Kala-Azar in Bihar. To ensure optimum utilisation of available resources, district action plans are prepared under which exclusive infrastructure is deployed for the Kala-Azar activities. Material and equipment with strict supervision is provided. Monitoring and concurrent and consecutive evaluation is regularly carried out.

4.3.5 *Assistance Provided by the Government of India*: Assistance in terms of cash as well as kind has been provided during the last three years. In 1992-93, about Rs. 20 crore worth of assistance in kind has been given to Bihar and West Bengal. Material assistance included the insecticides DDT and the imported drug Pentamidine Isethionate.

4.3.6 In addition, UNICEF assistance of Rs. 15.95 lakh has been provided in 1990-91 for information, education and communication activities and orientation of medical professionals.

4.4 **National Filaria Control Programme**

4.4.1 Filariasis is a major Public Health problem in many States of the country and about 396 million people are estimated to be living in 175 known endemic districts, of which about 109 million are in urban areas.

4.4.2 The National Filaria Control Programme was launched in 1955. Under the Programme the following activities are undertaken:

(i) Delimitation of the problem in hitherto unsurveyed areas; and

(ii) Control in urban areas through recurrent anti-larval measures and antiparasitic measures.

4.4.3 There are 206 control units and 195 clinics giving treatment with Diethylcarbamizine to clinical cases and microfilaria carriers.

4.5 Japanese Encephalitis

4.5.1 The disease is caused by a minute virus and manifests as high fever, convultions, confusion, stiffness of the neck and coma etc. The death rate due to this disease is very high and those who survive do so with various degrees of neurological complications. This disease is spread by mosquitoes which usually breed in rice fields and swampy and marshy areas.

4.5.2 Of late this disease has become a major public health problem and has been reported from 24 States/UTs. There were a total of 4071 cases with 1530 deaths reported in 1991, 2432 cases with 888 deaths in 1992. In 1993, no serious outbreak of the disease has been reported till September, with 189 cases and 126 deaths.

4.5.3 *Strategies for Control*: Major activities to control Japanese Encephalitis include:

(i) Care of the patients;

(ii) Development of a safe and standard indigenous vaccine;

(iii) Sentinel surveillance including clinical surveillance of suspected cases;

(iv) Studies to identify the high risk groups by measuring the blood level of anti-bodies; and

(v) Epidemiological monitoring of the disease for effective implementation of prevention and control strategies.

4.6 National Leprosy Eradicaton Programme

4.6.1 *Problem*: India ranks foremost among the countries saddled with the burden of leprosy sufferers. Out of 2.7 million cases of leprosy in the world 1.3 million are estimated to be found in India (1993). The disease is widely spread all over the country. The prevalence rate of leprosy exists above 5 per 1000 population in 201 districts out of 468 districts of the country. About 15% of the leprosy sufferers are children below 14 years of age. The proportion of infectious cases varies from 15 to 20% and equal number of patients suffer from deformities. At the time of launching of the National Leprosy Eradication Programme in 1983 the disease was highly prevalent in the States/Union Territories of Tamil Nadu, Andhra Pradesh, Lakshadweep, Pondicherry, West Bengal, Maharashtra, Karnataka, Bihar, Nagaland, Sikkim, Andaman and Nicobar Islands. Now the problem of leprosy has been reduced in many of these States.

4.6.2 *Programme Objectives*: The Government of India launched National Leprosy Eradication Programme in 1983 with the objective to arrest the transmission of the disease by 2000 AD. It is a 100% Centrally Sponsored Programme.

4.6.3 *Strategies*: The adopted strategy under the programme involves:

a) Provision of domiciliary multi-drug

PREVALENCE OF LEPROSY IN INDIA 31st MARCH,1993
(PER 1000 POPULATION)

Source : National Leprosy Eradication Programme

treatment coverage in 135 districts having problem of 5 or more cases per 1000 population, by specially trained staff in leprosy;

b) Shifting of 66 endemic districts on Modified MDT pattern to regular vertical pattern; and

c) Introduction of MDT services through existing general health care services in the low endemic districts. Treatment with combination of drugs include treatment with 3 drug viz. Rifampicin, Clofazimine and Dapsone. Education of the patients and the community about the curability of disease and their socio-economic rehabilitation are other two key components of the control strategy.

4.6.4 *Infrastructure*: Over the years, a vast infrastructure of leprosy workers has been developed in the country, specially trained for providing leprosy services. In the endemic rural areas, these services fan out from Leprosy Control Units (one for 0.4 to 0.5 million population) while its urban counterpart called Urban Leprosy Centre caters to a population of about 30 to 40 thousand. Temporary hospitalization ward having 20 bed capacity has been established, at least one in each endemic district to render hospitalization services. Under the Programme, 49 Leprosy Training Centres are engaged in providing training to various categories of health workers in leprosy. Following infrastructure exists at the end of March, 1993: Leprosy Control Unit-758, Urban Leprosy Centre-900, Survey Education and Treatment Centre-6097, Temporary Hospitalization Ward-291, District Leprosy Unit-285, Leprosy Training Centre-49, Reconstructive Surgery Unit-75, Leprosy Rehabilitation and Promotion Unit-13, Sample Survey cum Assessment Unit-39.

4.6.5 Infrastructure thus created has been predominantly established by the State in the endemic districts. In the district with endemicity of less than 5/1000 population, the general health care provide the services. However, there are still gaps in the 66 endemic districts due to financial constraints. To extend the benefit of MDT to over 7 million patients living in these 66 districts, Government of India sanctioned a modified MDT approach in these districts from January, 1991. This modified approach include the involvement of PHC in the delivery of services to leprosy patients. Now all these 66 districts are proposed to be covered on regular vertical pattern of MDT scheme, 18 such districts have already been sanctioned vertical MDT scheme.

4.6.6 *Achievements:* Currently about 60% of leprosy patients are getting the benefit of Multi Drug Therapy in the country. Available information indicates that MDT is well accepted by the patients, the tolerance is good and side effects are minimum. There is marked reduction of over 90% in the prevalence rate in the 40 districts which have completed MDT of 5 years or more. MDT coverage has been expanded to all the 201 endemic districts which includes 135 districts on vertical pattern and 66 on modified pattern.

4.6.7 *Target & Achievement in 1992-93*: During the year 1992-93 against the target of 289600 for new case detection and treatment, a total of 547686 new cases have been detected out of which 541078 cases have been put under treatment.

4.6.8 The target for cases discharged was 573900 during 1992-93 against which 1052823 cases have been discharged.

4.6.9 The objectives of target allocated for 1993-94 consists of 265200 cases for detection and treatment and 525300 for case discharge. The expenditure of 1992-93 was Rs.3338 lakh and for 1993-94 the BE allocated is Rs. 3380 lakh.

YEAR-WISE PERFORMANCE OF TARGETS DURING SEVENTH PLAN ARE INDICATED BELOW

(Figures in Lakh)

Year	*Case Detection*		*Case Treatment*		*Case Discharge*	
	Target	*Achievement*	*Target*	*Achievement*	Target	Achievement
1985-86	3.82	4.77	3.82	4.56	3.75	4.46
1886-87	4.20	5.08	4.20	4.90	4.30	5.07
1987-88	4.20	5.19	4.20	4.99	5.03	5.75
1988-89	3.90	4.75	3.90	4.65	5.94	6.01
1989-90	3.50	4.67	3.50	4.62	6.55	6.69
Total (7th Plan)	19.62	24.46	19.62	23.72	25.57	27.98
1990-91	3.69	4.82	3.69	4.74	8.81	9.85
1991-92	3.35	5.13	3.35	5.10	6.12	8.26
1992-93	2.89	5.48	2.89	5.41	5.74	10.53

The target allotted for 1993-94 is 2.65 lakh cases for detection and treatment and 5.25 lakh cases for discharge.

4.6.10 *8th Plan*: During the 8th Plan it is proposed to provide MDT coverage to all the districts with endemicity of 2 to 4.9 per 1000 population on modified pattern and MDT services will also be extended through Primary Health Care in other low endemic districts.

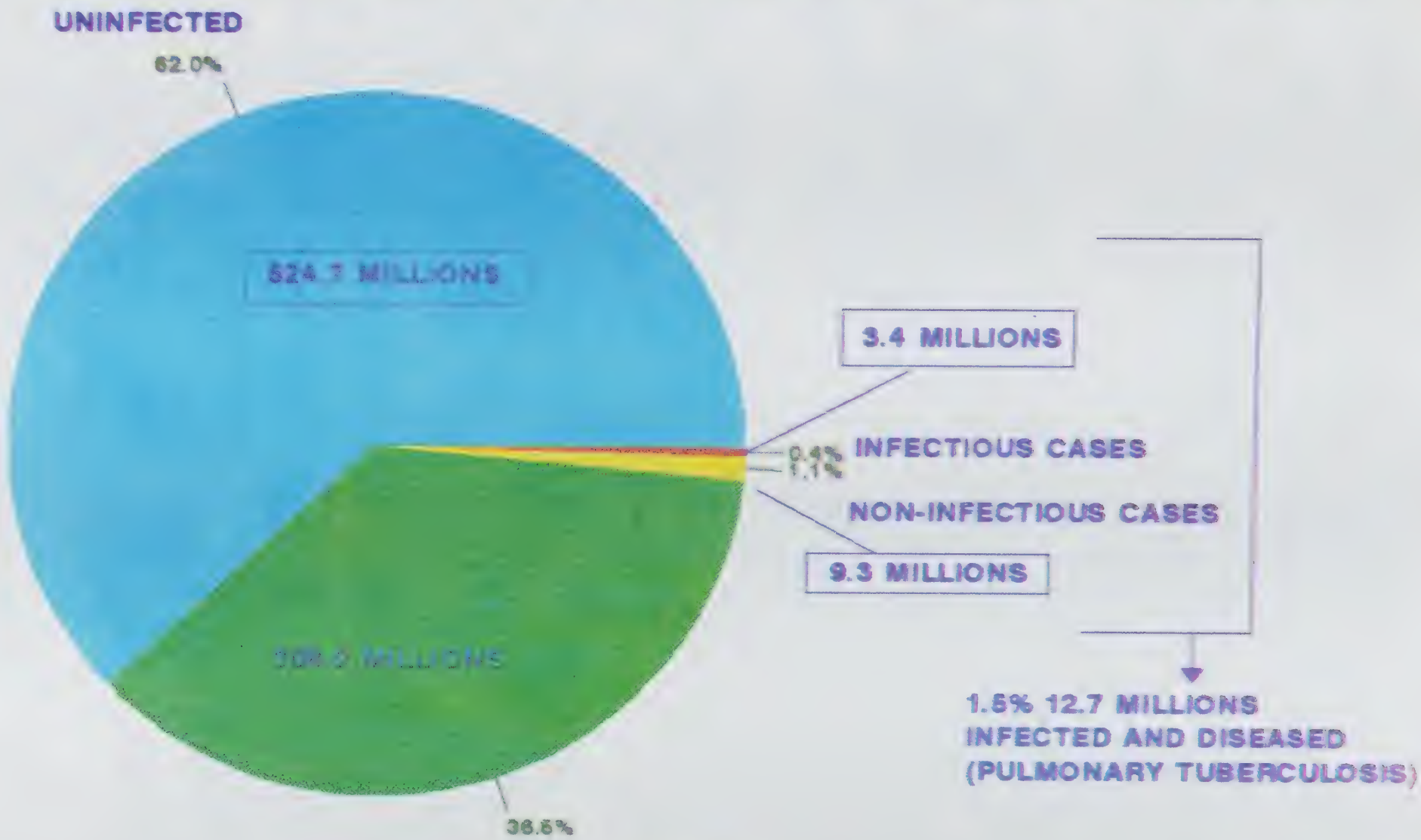
4.6.11 *World Bank Assistance*: To spread the MDT coverage to uncovered areas and to further intensify the efforts, the Government have sent a comprehensive proposal to World Bank for financial assistance of Rs. 302 crore which has been agreed by them. In the proposed World Bank Project, it is envisaged to provide the leprosy services with separate workers in the 66 remaining endemic districts. The 77 moderately endemic districts would be taken up for introducing the Modified MDT Programme. MDT will also be extended in the endemic pockets of all low endemic districts on modified pattern. The monitoring information system would be strengthened and a foundation laid to embark on deformity care and rehabilitation programme.

4.7 National T.B. Control Programme

4.7.1 Tuberculosis continues to be a major public health problem in the country with an estimated 1.5% of the population suffering from Radiologically active Tuberculosis and with about 1/4th of the cases being Sputum positive or infectious. It is estimated that there are 5 lakh deaths annually on account of this disease, while a similar number of persons achieve cure. This is balanced by an addition of one million Sputum positive cases annually.

4.7.2 District TB Centres have been established in 390 out of 459 districts in the country for supervising the programme of TB Control in these districts. These are meant to provide necessary support to Primary Health Centres and other peripheral institutions engaged in TB Control in terms of drugs, consumable, training and supervision. They are also responsible for monitoring progress. At the State level, State TB Control Officers working under the Directors of Health Services are responsible for coordination of efforts and they in turn are supported at the Central level by a Cell in the Directorate

TUBERCULOSIS PROBLEM IN INDIA



INFECTED & NOT DISEASED

SOURCE.- NATIONAL TUBERCULOSIS INSTITUTE, BANGALORE

General of Health Services which looks after the TB Control. This cell has been upgraded in 1993-94 and is headed now by a Deputy Director General. TB training and demonstration centres have been established in many States to undertake basic training of medical and para-medical personnel. The National TB Institute carries out training of all district level functionaries.

4.7.3 Although, around 47,000 beds are available for treatment of seriously sick TB patients, the emphasis in TB control, however, has now been shifted to ambulatory treatment; and conventional therapy lasting about 18 months is being gradually replaced by short course chemotherapy, (for the sputum positive cases) which lasts only 6 to 8 months.

4.7.4 The Conventional Therapy is based on treatment with INH and Thiacetazone while short course chemotherapy consists of an intensive multi-drug phase involving Rifampicin, Pyrazinamide, Ethambutol and INH generally lasting 2 to 3 months followed by a maintenance phase of INH/Rifampicin lasting 4 to 5 months. While acute symptoms of disease generally disappear within a month of start of multi-drug therapy, more time is required to achieve a non-infectious or sputum negative status and the full course of 6 months or so is important from the point of ensuring complete cure with avoidance of the possibility of relapse.

4.7.5 Anti-TB drugs for free treatment are being supplied to the TB clinics run by the State Governments through a Centrally Sponsored Scheme with 50% of the cost being borne by the Central Government and 50% by the States. 100% grants-in-aid is given for supply of materials, equipments and drugs for the programme in Union Territories, as well as in the case of grants to certain voluntary bodies.

4.7.6 A Joint evaluation of the TB Programme by the Government of India, WHO and SIDA revealed that it was necessary to shift emphasis from monitoring, detection and treatment to monitoring of the number of cases cured, to bring TB effectively under control. Case holding and monitoring of cure is beset with difficulties on account of need to follow-up patients for a long period of 18 months in the case of conventional therapy and 6 to 8 months in the case of short course chemotherapy. Often patients tend to stop taking drugs when the symptoms of the disease disappear initially. This may be on account of work and social pressures, ignorance or inability/unwillingness to complete the full course of treatment. The drugs alone would cost around Rs. 1500 per patient in case of short course chemotherapy. Non-availability of drugs in peripheral health institutions would also lead to stoppage of treatment. In other countries of the world emphasis is being laid on supervision of drug administration in the 2 month intensive phase of short course chemotherapy.

4.7.7 In order to reduce the burden of disease in a medium term perspective it is estimated that about 10 lakh sputum positive cases need to be treated and cured each year. The cost of drugs alone for ensuring such an coverage would amount to Rs. 150 crore per year. Added to this would be the cost of strengthening the organisational structure in the Centre, States and Districts for introducing effective supervised administration of drugs. Although the central plan outlay has been enhanced to a level of Rs. 35 crore in 1993-94 and is proposed to be further enhanced to Rs. 50 crore for 1994-95, it is not considered practicable to avail further enhanced outlays without external assistance.

4.7.8 A project proposal has, therefore, been made for obtaining World Bank Assistance for TB Control Project based on short course chemotherapy for sputum positive cases while the non infectious cases

continues to be on cheaper conventional therapy. Pilot Projects based on this new strategy are proposed to be implemented in 5 States namely, Bihar, Gujarat, Himachal Pradesh, Kerala and West Bengal and 6 metropolitan cities, Bombay, Calcutta, Hyderabad, Madras, Bangalore and Delhi in order to test and obtain experience with the proposed new strategy. This is being initially done with SIDA assistance. It is proposed to extend coverage of these Pilot Projects after gaining further experience and building of the necessary expertise. The proposed Pilot Project has been initiated in 3 cities viz. Gujarat, Delhi and Bombay.

4.7.9 So far the stress in the National T.B. Control Programme has been on detection and since this has not helped significantly in the reduction of the disease, the new project has, therefore, a revised strategy. However, during 1992-93, there were 15.39 lakh new TB cases detected against a target of 17.50 lakh. In the current year (1993-94) about 3.63 lakh cases have been detected against the annual target of 18 lakh till July, 1993. The budget allocation for 1993-94 has been raised to Rs. 35 crore from Rs. 28 crore in 1992-93. The amount allocated in the budget is mostly used for the procurement of drugs.

4.8 National Programme for Control of Blindness

4.8.1 The National Programme for Control of Blindness was launched in the year 1976 as a 100% centrally sponsored programme. The approach under the NPCB, consists of intensive health education for eye care through the mass media and extension education methods; extension of ophthalmic services in the rural areas through mobile units and eye camps and establishment of permanent infrastructure for eye health care as an integral part of general health services.

4.8.2 The budgetary allocations for NPCB have been as follows:

Year	*Rs. in crore*
1991-92	9.70
1992-93	20.00
1993-94	25.00

4.8.3 The infrastructure developed so far and the targets for the same for the year 1993-94 are as follows:

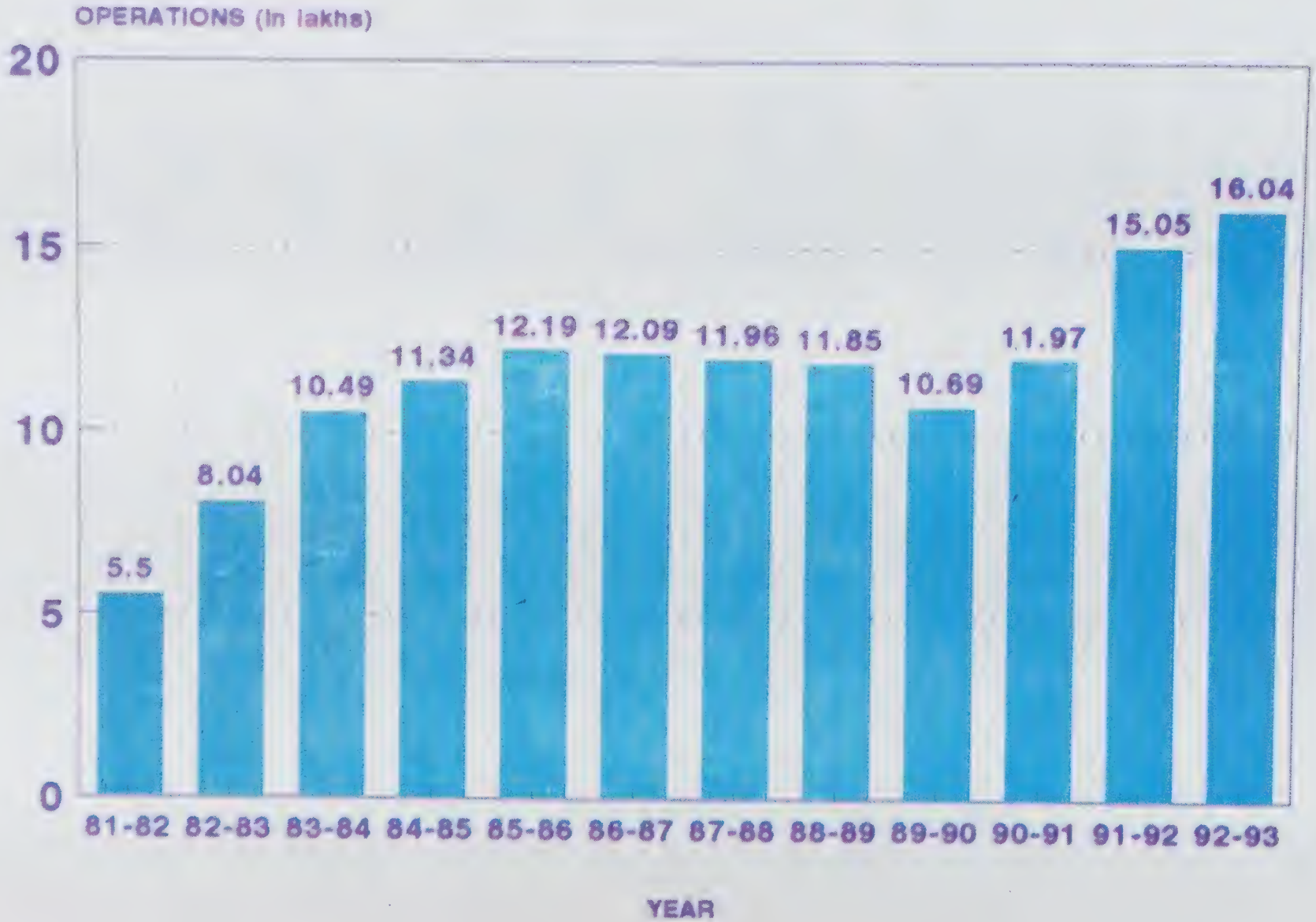
		Target for 1993-94
Regional Institutes of Ophthalmology	10	
Upgradation of Medical Colleges	60	8
Upgradation of Distt. Hospitals	402	21
Estt. of DBCS	267	200
Central Mobile Units	76	
Development of Distt.Mobile Units	162	27
Upgradation of PHCs	4096	413

4.8.4 The State Governments have to send proposals in respect of these items.

4.8.5 As a result of the programme the number of cataract operations has gone up from a level of 5.5 lakh cataract operations in 1981-82 to 1.6 million operations in the year 1992-93. The target for the year 1993-94 is 24.30 lakh cataract operations.

4.8.6 Voluntary Organisations have played a very significant role in this programme.

CATARACT PERFORMANCE UNDER NPCB
1981-1993



They have been active in providing Eye Health Eduction, Preventive, Rehabilitative and Surgical Services for Control of Blindness.

4.8.7 *The Need to Step up the Programme*: The NPCB-WHO Survey (1986-89) has shown that there is a backlog of 22 million blind eyes or 12 million cases of blindness. Out of this 80.1% is on account of cataract.

4.8.8 It has also been estimated that there is an annual incidence of 2 million cataract induced blindness in the country. At the rate of 1.5 million cataract operations annually we are adding to the backlog rather than reducing it. As such the programme needs to be strengthened considerably if we have to reduce the backlog of blindness.

4.8.9 *Steps Taken*: It has been decided to establish District Blindness Control Societies (DBCSs) under the Chairmanship of the District Collector. The structure of the DBCS is:

Chairman : District Collector

Members : Chief Medical Officer

: District Ophthalmic Surgeon

: District Education Officer

Nominated members (from NGOs, Private Sector)

Member Secretary : District Blindness Coordinator

4.8.10 So far, 267 DBCSs have been formed. A sum of Rs.6 crore @ Rs.3 lakh each has already been released to 200 of these DBCSs to make them financially and operationally autonomous. The first Orientation Workshop for District Collectors was held in Delhi to orient the District Collectors in the functioning of DBCSs. Steps have also been initiated to train the District Blindness Control Coordinators to enable them to effectively run the DBCSs.

4.8.11 The purchase of equipment and vehicles meant for the District Mobile Units and Primary Health Centres is now being done centrally and the assignment is also being done accordingly. 85 vehicles were procured and distributed centrally for the various Mobile Eye Care Units in the country. Simultaneously the process of central procurement and distribution of Ophthalmic Equipment has also been taken on hand.

4.8.12 *Danish Assistance for NPCB*: The National Programme for Control of Blindness is being assisted by the Royal Danish Government. The Phase-II of the assistance spans the period 1989-96. So far a sum of Rs.3.86 crore has been reimbursed by DANIDA to NPCB on the basis of actual expenditure incurred by the various State Governments on stipulated components of NPCB. DANIDA had also taken up 5 Pilot Districts for implementation of NPCB through the formation of District Blindness Control Societies in each of three districts. The performance in cataract surgery has gone up by 2 to 300% with the formation of DBCSs in these pilot districts. Encouraged with this success and on the basis of the recommendations of the Mid-Term Review Report DANIDA has now taken up the entire state of Karnataka for replication of the model for Control of Blindness developed in the 5 Pilot Districts.

4.8.13 *World Bank Project for Control of Blindness*: The World Bank has been approached for a Rs.550 crore assistance for a intensive Blindness Control Programme in the Seven States of Tamil Nadu, Andhra Pradesh, Maharashtra, Madhya Pradesh, Uttar Pradesh, Rajasthan and Orissa. As per the NPCB-WHO Survey (1986-89) these seven States have the highest prevalence of blindness after the State of Jammu & Kashmir. One of the strategies of the Project is the formation of District Blindness Control Societies in all districts of the project States and to make them financially and operationally autonomous. Dedicated Eye Care infrastructure is proposed to be created

and strengthened in the District Hospitals and selected sub-divisional hospitals. Medical Colleges are also proposed to be upgraded with the modern ophthalmic equipment and provision of specialized training to the faculty members to perform IOL Surgery. Ophthalmic Staff is proposed to be trained under the programme to provide quality Eye Care Services. The project envisages the involvement of NGOs and the use of modern monitoring systems to keep stock of the performance.

4.9 National Iodine Deficiency Disorders Control Programme

4.9.1 Iodine is one of the essential elements for human growth and development. Due to various factors there has been iodine depletion of the soil, as a result of which an average balanced diet and water does not take care of the total daily iodine requirement of 150 micrograms. Earlier only goitre was associated with Iodine deficiency. It is now well established that goitre is only "a tip of the iceberg" of the manifestations of Iodine Deficiency Disorders (IDD) . The spectrum of Iodine Deficiency Disorders affects each and every stage of life from foetus to adult.

4.9.2 The National Iodine Deficiency Control Programme (NIDDCP) is the new name given to the erstwhile National Goitre Control Programme. The title has been changed in view of the wide spectrum of Iodine Deficiency Disorders like mental and physical retardation, deaf-mutis, cretinism, high rate of abortion etc., and the Government's commitment to overcome all other Iodine Deficiency Disorders apart from Goitre through Universal Iodisation of Salt.

4.9.3 *Magnitude of the Problem*: It is estimated that in India alone, more than 54.3 million people are suffering from endemic Goitre and about 8.8 million from different grades of mental/motor handicaps. Sample surveys have been conducted by DGHS and other agencies in 25 States and 4 UTs throughout the country. The Survey results indicate that out of 235 districts surveyed, IDD is a major public health problem in 193 districts. Goitre is not restricted only to the Himalayan belt of India but also widely prevalent in the plain, plateau, reverine areas and near the sea coast.

4.9.4 *Achievements:* The achievements made under the Programme from its inception to date are as under:-

(i) 641 private manufacturers have been licensed by the Salt Commissioner, out of which nearly 532 units have commenced production so far;

(ii) Annual production of iodised salt has been raised from 5.0 lakh Mt in 1985-86 to 26.0 lakh Mt in 1991-92 and in 1992-93, the production was 28.34 lakh Mt. This is expected to be further raised to 50.00 lakh MT in near future;

(iii) 23 States/UTs have completely banned the use of salt other than Iodised Salt while another 6 States have banned partially in the endemic areas only;

(iv) Testing Kits for on the spot qualitative testing have been developed in collaboration with UNICEF and they were distributed to all the District Health Officers in endemic State for regular monitoring;

(v) 23 States/UTs have set up Iodine Deficiency Disorder Control Cell to ensure effective implementation of the Programme;

(vi) To intensify IDD activities, a project has been finalised with UNICEF assistance for intensive IDD monitoring in 4 States viz. Uttar Pradesh, Madhya Pradesh, Himachal Pradesh and Assam;

(vii) A National Reference Lab for monitoring of IDD has been set up at the Bio-chemistry Division of National Institute of Communicable Diseases, Delhi for training both medical and para-medical personnel and monitoring salt and urinary iodine;

(viii) An evaluation of Salt Iodisation Programme was also carried out in some districts. The results of evaluation have shown that the prevalence of goitre has declined from 41.2% to 31.8% in Hamirpur and from 49.53% to 16.9 in Buldhana;

(ix) It has also been proposed to set up the monitoring labs in the States of Arunachal Pradesh, Assam, Gujarat, Himachal Pradesh, Karnataka, Madhya Pradesh, Maharashtra, Sikkim, U.P. and West Bengal. A tentative allocation of Rs. 75,000/- per lab. has been provided for this purpose;

(x) GOI-UNICEF Project 1993-95 has been approved in 13 selected endemic States for the extensive monitoring and IEC activities of NIDDCP. The activities are to be strengthened in 106 selected districts of the 13 States including North Eastern region;

4.9.5 *Review*: After a review of the Programme in 1991 the Chief Ministers of remaining States were advised to urgently issue Notification banning the sale of salt other than iodised salt. The State Governments have been advised to include iodised salt as a non-compulsory item under Public Distribution System.

4.9.5(i) The Salt Commissioner has been advised to take action to instal iodisation plants in consuming areas in States/UTs and to improve packaging of iodised salt to prevent iodine losses during transit.

4.9.6 *Information, Education and Communication*: To intensify the IEC activities, a communication package by way of video films, posters/danglers and Radio/T.V. has been finalised with UNICEF.

4.9.7 *VIII Plan Proposals*: It is proposed to strengthen IDD Monitoring and to achieve the goal of Universal Iodisation of Salt. IDD monitoring will be carried out at the district level both through regular checking of iodised salt as well as urinary iodine excretion. With this, it is also proposed to bring down the incidence of IDD to below 10% level by 2000 A.D.

4.9.8 *Problems:* Surveys in the remaining districts, ban notification in the remaining States and setting up of Control Cell in some States are yet to be completed.

4.10 National Sexually Transmitted Disease Control Programme (S.T.D.)

4.10.1 S.T.D. was introduced as a National Control Programme during the second Five Year Plan by the Government of India. The programme was then primarily a Centrally Aided Scheme concerned mainly with (i) establishing S.T.D clinics throughout the country; (ii) supply of drugs to the earlier existing and newly established clinics; and (iii) conducting orientation training courses in S.T.D for the inservice medical and para-medical personnel.

4.10.2 The scheme was converted into a Centrally Sponsored Scheme during the fourth five year plan and the Central Government assistance was limited to (i) giving grant-in-aid to States for establishing new S.T.D. clinics and (ii) supplying of drugs (Benzathine Benzyl Pencillin) to the S.T.D. clinics.

4.10.3 The scheme was again reviewed and during sixth and seventh five year plan it was decided to establish five Regional S.T.D. Teaching, Training and Research centres at Delhi, Madras, Nagpur, Hyderabad and

Calcutta.

4.10.4 Recognising S.T.D. as one of the major factors for transmission of HIV infection the programme has been merged with the AIDS Control Programme. The existing components of the programme viz. Teaching, Training, Research and Epidemiology, however have been retained outside the World Bank assisted activities of the National AIDS Control Programme. Under the National S.T.D. Control Programme following achievements have been made:

4.10.4(i) As on July 1993 the Regional S.T.D. centres have trained as many as 98 medical officers and 112 para-medical personnel like Laboratory Technicians, Nurses, Health Educators and Social Workers etc.

4.10.4(ii) About 56 medical colleges, hospitals, laboratories/public health laboratories had participated in the inter laboratory evaluation programme of VDRL test being conducted by the Regional STD Reference laboratory at Madras and Hyderabad.

4.10.4(iii) The Crash programme for the training of Medical Officers working in Primary Health Centres in Tamil Nadu, Andhra Pradesh, Maharashtra, West Bengal and Delhi at the 5 Regional S.T.D. Training Centres was launched and under this 274 Medical Officers were trained.

4.10.4(iv) S.T.D. Planning Workshops for the State Programme Officers of STD, AIDS and Epidemiologist of various States were held at Delhi, Madras and Bhubaneshwar.

4.10.4(v) S.T.D. Treatment Workshop was held at Delhi on 6-7 July, 1993 to develop standard treatment guidelines for Sexually Transmitted Diseases and STD syndrome.

4.10.4(vi) The Project seeks to take up activities to strengthen the clinical services and case management activities in STD centres in 97 medical colleges (including 5 Regional S.T.D. Centres and 275 District level STD clinics).

4.10.5 *Blood Safety Programme*: A Scheme of Prevention of Infection and Strengthening of Blood Banking System in the country has been under implementation since 1989 under which State Governments were provided assistance for setting up of testing facilities including HIV in the Blood Banks. Strengthening and modernisation of State managed Blood Banks and development of manpower and rational Use of Blood.

4.10.6 A Programme for the Prevention and Control of AIDS has been currently under implementation since 1992. One of the major components of this Programme is Blood Safety and Rational Use of Blood.

4.10.7 *Modernisation of Blood Banks*: Under this Programme it is proposed to upgrade all the 608 State managed Blood Banks in the country with provision of equipments and recurring assistance of consumables in a phased manner. During 1992-93 assistance has been given for modernising 90 Blood Banks under the World Banks assisted National AIDS Control Programme, while 138 Blood Banks were upgraded till March 1992. The remaining 380 Blood Banks are proposed to be taken up for upgradation in a phased manner during the 8th plan period. During the year 1993-94, 100 Blood Banks are being upgraded.

4.10.8 *Training and Manpower Development:* 10 Training Institutions have been operationalised at Regional level for training of Doctors and Technicians working in the Blood Banks. Institutional facilities have already been upgraded. Doctors and Technicians have been imparted Training in blood banking technology, through short term orientation course.

4.10.9 Training modules for training of various categories of personnel working for the blood banks are being prepared and

modular training will be introduced shortly.

4.10.10 *Legal Frame Work*: Schedule FXII-B provides the necessary legal frame work as per Drugs and Cosmetics Act. The Rules have been made more stringent providing for mandatory testing of blood for blood transmissible diseases including HIV. Approval of license by the Central license approving authorities has been made compulsory. It also provides that the whole human blood and components shall conform to standards as prescribed under the Indian Pharmacopia.

4.10.11 *Promoting Rational Use of Blood*: It is proposed to establish 30 Component separation Centres in Blood Banks handling more than 10,000 units of blood per annum in phases. Six centres were identified during 1992-93 and 9 more Centres have been identified for component laboratory during 1993-94. The remaining centres shall be taken during 1994-95.

4.11 National AIDS Control Programme

4.11.1 HIV infection in the country has been reported from as many as 23 States/UTs and of these Maharashtra, Tamil Nadu, Manipur have reported the highest incidence of the disease. In the Maharashtra and Tamil Nadu, the pattern of HIV infection is that of Sub-Saharan type i.e., through sexual transmission and in the North Eastern State, the pattern of HIV infection follows the course similar to South European and Thailand i.e., through drug abuse.

4.11.2 As per the epidemilogical reports available as many as 18,98,670 persons have been screened for HIV of which 13,254 have been found to be sero-positive as on 30-09-93. The sero-positivity rate per 1000 among the samples screened is 698 and the total number of full blown AIDS cases reported from different States is 459. The reported prevalence of infection represents a fraction of actual morbidity and this amounts to just the probial tip of ice-berg of the whole problem. According to the estimates made, the number of infected persons by the end of 1990-92 was about 1 million and the total full blown AIDS cases to be somewhere between 5,000 to 10,000.

4.11.3 Realising the gravity of epidemiological situation of HIV prevailing in the country, the Government of India has launched a comprehensive scheme at an estimated cost of Rs.220 to Rs. 222.6 crore during the 8th Plan with assistance from the World Bank to the tune of US$ 84 million and another US $ 1.5 million from WHO The World Bank loan became effective from 21.9.1992.

4.11.4 Ministry of Health & Family Welfare has set up a National AIDS Control Organisation as a separate wing to implement and closely monitor the various components of the programme as documented in the Staff Appraisal Report of IDA (World Bank). The overall objective of the project is to arrest the HIV/AIDs infections in the country with a view to reducing the future morbidity, mortality and infection of AIDS.

4.11.5 The project consists of the following components:

4.11.5(i) *Strengthening Programme Management Capabilities*: National AIDS Control Organisation is primarily involved in planning consulting, implementing and monitoring the various activities under the project through the AIDS Control Cell at the State/UT level. The programme is being implemented as a Centrally Sponsored Scheme through all the State/Union Territories who have given letter of Undertaking to implement the programme. During 1992-93 grants aggregating Rs.11.55 crore have been released to the State/UTs. During 1993-94 first instalment of 25% of the total grant proposed for the current year has been released.

4.11.5(ii) *Strengthening of IEC* : Since there is no cure for AIDS as of now, the project seeks to carry out an intensive public

awareness and community support campaign through mass media and sustained dissemination of information and health education about HIV and AIDS to all level and categories of personnel. For launching media campaign at a large scale through out the Country, a proposal has been finalised on the selection of an Advertising Agency. Limited media campaign has already been launched with the help of DAVP at an approximate cost of Rs. 54 lakh.

4.11.5 (iii) *Prevention of Transmission Through Blood and Blood Products*: The Project seeks to upgrade the blood banking capabilities in the Public Sector and expansion of HIV screening of all blood used for transfusion and blood-products in the country. During 1992-93 financial assistance has been given for modernising 90 blood banks. During the year 1993-94 another 100 blood banks are being modernised under the scheme to modernise all the 608 blood banks in Public Sector.

4.11.5 (iv) *Strengthening Clinical Management Capabilities*: The project seeks to strengthen the institutional capabilities at the State/UT level for monitoring the development of HIV and AIDS epidemic and planning and programming interventions to control such epidemic. 180 Zonal Blood Testing Centres (inclusive of 62 Surveillance Centres) have been set up where blood testing facilities for HIV are available. Linkages have been provided throughout the country. In addition to this, 9 HIV reference centres have also been set up. An exhaustive plan has been drawn to train medical officers down the district and taluk levels in diagnostic skill and clinical management of HIV/AIDS Cases. So far about 425 medical officers have been trained; and

4.11.5(v) *Controlling S.T.D.*: One of the predominant mode of transmission of HIV infection is through sexual contact. The project seeks to take up activities to strengthen the clinical services and case management activities in STD Centres in 97 medical colleges and 275 District level STD Clinics.

4.12 National Mental Health Programme

4.12.1 The National Mental Health Programme was launched during Seventh Five Year Plan with a view to ensure availability of Mental Health Care Services for all specially the Community at risk and under privileged section of the population. The basic theme was to promote community participation in the Mental Health Services development as self help. As per decision taken at the National Advisory Group, 11 institutions have been identified for training of health workers under the programme. This training will consist of basic knowledge on Mental Health to the Primary Health Care Physician and Para-medical personnel. During 1993-94, Rs. 18 lakh have been allocated for this Programme.

4.13 National Cancer Control Programme

4.13.1 In India it is estimated that there are 1.5 to 2 million cancer patient at any given point of time with about 0.6 million new cases coming every year. The Government of India started the Cancer Control Programme in a limited form during the year 1975-76 when Central assistance @ Rs. 2.5 lakh was provided to institutions for purchase of Cobalt Therapy Units for treatment of cancer patients. This scheme continued during the 6th and 7th Plan Period with the increase of rate of assistance to Rs. 12.00 lakh. At the same time ten major institutions were recognised as Regional Cancer Centres which receive financial assistance from the Government.

4.13.2 *New Schemes Under National Cancer Control Programme*: During the 8th Plan, emphasis is on prevention, early detection of cancer and augmentation of treatment facilities in the country. The following new schemes have been initiated starting from the year 1990-91.

4.13.3 *Scheme for District Projects:* The scheme envisages projects at district level for

preventive health education, early detection and pain relief measures. Under the scheme financial assistance of Rs. 15.00 lakh is provided to the concerned State Government for each district project selected under the scheme with a provision of Rs. 10.00 lakh per year for each district for the remaining four years of the project period. The project is linked with a Regional Cancer Centre or an institution having reasonably good facilities for treatment of cancer patients. During the years 1990-91 to 1992-93, 17 district projects have been undertaken in Gujarat, Karnataka, Madhya Pradesh, Kerala, Orissa, Punjab, Tamil Nadu and West Bengal.

4.13.4 *Development of Oncology Wings in Medical Colleges/Hospitals*: This scheme has been initiated to fill up geographical gaps in the availability of cancer treatment facilities in the country. According to the scheme, financial assistance upto Rs. One crore (in phases) is provided to the concerned State Govt. for purchase of equipments which includes one Cobalt Unit. The civil works and manpower are to be provided by the concerned State Govt./Institution. So far financial assistance has been provided for development of Oncology Wings in sixteen medical colleges/hospitals in the country.

4.13.5 *Scheme for Financial Assistance to Voluntary Organisations*: Under the scheme, financial assistance upto Rs. 5.00 lakh is provided to the registered voluntary organisations recommended by the State Government for the purpose of undertaking health education and early detection activities in cancer. So far assistance has been provided to fifteen voluntary organisations under the scheme.

4.13.6 *Utilisation of Funds by the State Governments:* It has been observed that in a number of cases, there is a long time-gap between release of the amount by this Ministry and utilisation of the same by the concerned State Govt. At times State Govts. provide the amount or part thereof to the concerned Medical Colleges/Hospitals after a considerable time. This hampers the effective implementation of the programme.

4.13.7 Government of India intends to strengthen the Programme further during the coming years. The schemes for grant-in-aid to Regional Cancer Centres and for financial assistance for cobalt therapy units have been continued. The rate of financial assistance for cobalt therapy units which was increased to Rs. 20.00 lakh, has further been increased to Rs. 50.00 lakh per unit w.e.f. 20th January, 1993. Other radiotherapy equipments like Brachytherapy and Linear Accelerator have also been brought under the ambit of the scheme. A sum of Rs. 19.00 crore was spent on the Programme during the year 1992-93 as against the total allocation of Rs. 19.34 crore during the entire seventh five year plan. A sum of Rs. 20.00 crore has been earmarked for the National Cancer Control Programme in the current year.

PREVENTION OF ADULTERATION OF FOOD AND DRUGS

Adulteration of food and drugs can cause serious damage to human life. This anti-social menace is sought to be countered by making the legal provisions more stringent and deterrent, even entailing life imprisonment for adulterations causing grevious hurt and danger to human life. This malpractice is also being tackled through effective health education measures. The drug de-addiction centres are being strengthened to provide treatment facilities for the drug abuse problem and drug dependence disorders.

5.2 Prevention of Food Adulteration Programme

5.2.1 The Prevention of Food Adulteration Act, 1954: Food is a basic need for survival. It is, therefore, imperative to ensure that whatever we consume is pure and wholesome. With this objective, the Prevention of Food Adulteration Act, was enacted in 1954. The aims envisaged under this Act are:

i) To ensure quality food to the consumers;

ii) To protect the Consumers from fraud and deception; and

iii) To encourage fair trade practices.

5.2.2 The Act, which came into effect from 1st June, 1955, has been amended thrice in 1964, 1976 and 1986 for plugging the loop-holes and for making the punishments more stringent and empowering the Consumer and Voluntary Organisations to take samples.

5.3 Constitutional Status and Enforcement of the Act

5.3.1 The subject of Prevention of Food Adulteration is in the concurrent list of the Constitution. However, in general, the enforcement of the Act is done by the

State / U.T. Governments. The Central Government primarily plays an advisory role in its implementation besides carrying out various statutory functions/duties assigned to it under the various provisions of the Act.

5.4 Main Functions of the Central Government

5.4.1 The Central Committee for Food Standards (a statutory committee constituted by the Central Government under the Act) is responsible for considering amendments to various provisions of the Act, Rules and Standards. The Central Government conducts examination for the chemists for their appointment as Public Analyst under the Act. It approves the State Prevention of Food Adulteration Rules under the Act and is also required to examine and approve the labels for infant food. The Central Government evaluate and monitor the working of the PFA Act in the States/UTs by collecting periodical reports and visits and collects analytical data from Food Laboratories for Standardisation purpose. It also arranges training programmes for various functionaries under the Act and creates consumer awareness through workshops/seminars etc. The Central Government ensures the quality of food imported into the country under the Act and also deals with matters relating to international agencies namely CODEX/ FAO/WHO.

5.5 Central Food Laboratories

5.5.1 Four Central Food Laboratories have been established/specified under the Act, which work as Appellate Laboratories for the purpose of samples lifted by Food Inspectors of States/UTs. and Local Bodies. The two laboratories viz (i) Food Research and Standardisation Laboratory, Ghaziabad and (ii) Central Food Laboratory, Calcutta are under the Administrative control of the Directorate General of Health Services and the other two, viz. (iii) Central Food Laboratory, Pune and (iv) Central Food Laboratory, Mysore are under the Administrative control of Government of Maharashtra and Council of Industrial and Scientific Research, Government of India respectively.

5.6 State Food Laboratories

5.6.1 There are 78 Food Laboratories under the Administrative control of State/UT Governments and Local Bodies.

5.7 Steps Taken to Improve the Programme

5.7.1 During the year, steps have been taken to strengthen the PFA set up. 48 training programmes were conducted by the Hq. PFA division in collaboration with various Institutions/Organisations under which more than 500 different types of officials/functionaries under the Act were imparted training, 11 examinations were conducted in which 225 chemists qualified to hold the post of Public Analyst under the Act. Consumer Education Programmes were organised involving Voluntary Organisations for exposing them to the Programme of Food Safety and Quality.

5.7.2 The Central Council of Health and Family Welfare which met in July, 1993 recommended *inter-alia* that the State Governments should take appropriate measures to update and simplify procedures for licensing, augment enforcement machinery and laboratory facilities and give emphasis to sampling and analyses of commonly used food commodities.

5.8 Centrally Sponsored Scheme

5.8.1 The Ministry has launched a Central Sponsored Scheme for providing funds to the State Governments for purchase of equipments for strengthening their Food Laboratories, during the Eighth Five Year Plan. The financial assistance is in the form of a one time grant. Under this scheme, an amount of Rs. 151 lakh was given to 17 States/UTs during 1990-93. During the year 1993-94, Central assistance amounting to

Rs. 50 lakh was provided to Andaman and Nicobar Islands, Jammu & Kashmir, Maharashtra, Pondicherry and Rajasthan.

5.9 Central Drug Standard Control Organisation

5.9.1 Quality control of imported drugs, introduction of new drugs in the country and framing of the Rules under the Drugs and Cosmetic Act are some of the important activities of the Central Drug Standard Control Organisation (CDSCO). However, the State Governments are responsible for issuing licenses for manufacture and marketing and monitoring the quality of drugs and cosmetics in the country. The State Licensing authorities are the enforcement agency for the Drugs and Cosmetics Act in their respective States.

5.10 Functions of the Central Drug Standard Control Organisation

5.10.1 The statutory control over the import of drugs is exercised through the port and airport offices of the CDSCO located at Bombay, Nhavashava, Madras, Calcutta, Cochin and New Delhi. Close co-ordination is maintained with the State Drug Control Authorities so as to maintain a uniform standard of inspection and enforcement of the Drug rules, by the offices located in Bombay, Madras, Calcutta and Ghaziabad besides sub-zonal offices at Lucknow and Patna.

5.10.2 Permission for trial of new drugs is given after due examination of all technical material and related pharmacological literature. The clinical trials are evaluated before granting marketing approval to a new drug.

5.10.3 Import of 19 new drugs and 23 new drug formulations were allowed during the period April to September, 1993.

5.10.4 The Central Drugs Laboratory at Calcutta tests samples of imported drugs and also functions as the appellate laboratory under the Drugs and Cosmetics Act and Government Analyst for 21 States/UTs. Similar function is carried for 8 States/UTs by the Central Indian Pharmacopoeia Laboratory at Ghaziabad and the Biological Laboratory and Animal House, Madras tests drug samples drawn from the Southern Zone. Another Central Drug Laboratory was inaugurated at Bombay and it will be in a position to test 5000 samples per year when fully functional. Regional laboratories are also being established at Guwahati, Chandigarh and Hyderabad. They would be in a position to analyse 3000 samples each year. Rs. 85 lakh were allotted to Haryana, Punjab, Kerala, M.P., J&K, Maharashtra, Karnataka and Tamil Nadu for strengthening their State Drug Testing Laboratories during 1992-93.

5.10.5 A Statutory Drug Technical Advisory Board advises the Central and State Governments on technical matters arising out of the administration of the Drugs and Cosmetics Act.

5.10.6 During the period April to September, 1993, 93 amendments were issued and 140 monographs were finalised. In order to provide for a more effective mechanism to ensure the quality of blood products, the Central Government has assumed concurrent licensing powers for Blood Banks, I.V. Fluids, Sera and Vaccines. Standards of Condoms have also been revised as per the specifications of the WHO, keeping in view its importance in controlling sexually transmitted diseases and AIDS.

5.10.7 71 additional posts have been sanctioned for strengthening the CDSCO. Recruitment action is at hand. This will enable the CDSCO to have two additional sub-zonal offices at Ahmedabad and Hyderabad.

5.11 Drug De-addiction Programme

5.11.1 Ministry of Health and Family Welfare is basically responsible for providing treatment facilities including preventive

health and after care service in the field of drug-addiction.

5.11.2 For coordination of functioning of various Ministries/Deptts, some high powered committees have been set-up including a Cabinet Sub-committee and High Level Committee consisting *inter-alia* of some members of Parliament.

5.11.3 The Govt. of India have set-up De-addiction Centres in Central Govt. Institutes/Hospitals at AIIMS, New Delhi, P.G.I., Chandigarh, JIPMER, Pondicherry, Lady Hardinge Medical College and Hospital, New Delhi and Dr. R.M.L. Hospital, New Delhi.

5.11.4 In addition, Centres with the assistance of UNDCP have also been developed at Deen Dayal Upadhyay Hospital, New Delhi, AIIMS, KEM Hospital, Bombay and Institute of Post Graduate Medical Education and Research, Calcutta.

5.11.5 The above Institutes, besides providing treatment services also provide training of Medical/Para-medical personnel prepare Health Education Material, and render Community Outreach Services.

5.12 Steps Initiated to Develop the Programme in States

5.12.1 During 1992-93, a new strategy was developed to strengthen the infrastructural facilities in the States by way of providing them assistance to establish Drug-De-addiction Centres in the identified Medical Colleges/District Level Hospitals. A vast trained manpower of doctors is being developed who will serve at the peripheral level after obtaining the training on basic techniques of de-toxification from the identified training Institutes.

5.12.2 So far 27 Centres have been established in various Medical Colleges/Distt. Level Hospitals. About 500 doctors have been trained under the Scheme in 20 courses conducted so far. The training of para-medicals has also been undertaken at some Institutes which will be further strengthened.

5.13 Special Measure for North Eastern States

5.13.1 Keeping in view the acute problem of drug abuse in North Eastern States, particularly in Manipur and Nagaland, additional assistance in terms of equipment, vehicles and for construction of buildings is being provided to these States. Special arrangement have been made to train the Medical/Para-medical personnel of North Eastern States.

A view of the Central Research Institute, Kasauli.

Environ-ment-friendly battery-car in the premises of National Instt. of Mental Health and Neuro Sciences, Bangalore.

MEDICAL EDUCATION, TRAINING AND RESEARCH

The Centre has set up regulatory bodies for monitoring the standards of medical education, promoting training and research activities. This being done with a view to sustaining the production of medical and para-medical manpower to meet the requirements of the health care delivery system at the Primary, Secondary and Tertiary levels in the country. This chapter discusses the status of these activities conducted by various bodies and institutions.

6.2 Medical Council of India

6.2.1 The Medical Council of India was established as a statutory body under the provisions of the Indian Medical Council Act, 1933 which was later repealed by the Indian Council Act, 1956 with minor amendments in 1958 (36 of 1958) and 1964 (24 of 1964). A major amendment in IMC Act was made in 1993 to stop the mushroom growth of medical colleges/increase of seats/starting of new courses without prior approval of the Central Government/Medical Council of India. The main functions of the Council are as under:

(i) Maintenance of uniform standards of Medical Education both at Under-graduate and Post-graduate levels;

(ii) Maintenance of All India Medical Register;

(iii) Reciprocity with foreign countries in the matter of mutual recognition of medical qualifications;

(iv) Continuing of Medical Education;and

(v) Provisional/Permanent registration of doctors with recognised medical qualification, registration of additional qualifications and issue of Good Standing Certificates for doctors going abroad.

6.3 Inspections

6.3.1 The Council carried out inspection of 13 medical colleges for continuance of recognition of their MBBS Degree as well as approval of the colleges. The Council carried out periodical inspections of 11 post-graduate degree/diploma qualifications of respective universities; 16 medical colleges/institutions were inspected for approval of starting of various post-graduate courses. The Council carried out 9 inspections of the non-teaching hospital for recognition of housemenship. The Council also carried out the inspection for increase of seats.

6.4 Registrations

6.4.1 The Council has registered 38 doctors with their additional qualifications under section 26 of the I.M.C. Act, 1956. The Council has issued 369 certificates of Good Standing to the doctors who desired to seek registration with the General Medical Council of U.K. and other Common Wealth countries. 231 provisional and 326 permanent registration certificates has issued under section 25(2) and 23 of the I.M.C. Act, 1956.

6.5 Continuing Medical Education (C.M.E.)

6.5.1 In consultation with the Ministry of Health and Family Welfare, a C.M.E. Cell was set up in the Medical Council of India in December, 1985. Under the C.M.E. Scheme, two programmes have been held upto October, 1993 at different centres and 36 programmes are to be held during the year 1993-94.

6.5.2 The Council is celebrating its Diamond Jubilee year from September, 1993 to September, 1994 with activities planned to implement the needed changes to achieve its goals. The amount of Rs. 24.60 lakh has been provided in the Budget estimates 1993-94 for releasing grant-in-aid to the Council.

6.5.3 The scheme as referred to in the Indian Medical Council (Amendment) Act, 1993 has been notified on 29.9.1993 in the form of the Establishment of new Medical Colleges, opening of higher courses of study and increase of admission capacity in Medical Colleges regulations, 1993.

6.5.4 The scheme *inter-alia* provides for permission of the State Governments, affiliation of the University concerned, availability of infrastructure in terms of adequate buildings, equipments, teaching staff, hostel facilities, attached hospitals financial and managerial capability of institutions for setting up of medical colleges and expansion thereof.

6.6 Policy Regarding Establishment of Medical Colleges

6.6.1 At present there are 146 medical colleges in the country out of which 120 are recognised by the Medical Council of India and 26 are unrecognised. Of the 120 recognised colleges, 98 are in the public sector and the remaining are run by trusts/private sectors. The admission capacity in the above colleges is about 14000 students per annum.

6.6.2 During the 6th and 7th Five Year Plans, the policy of the Government has been not to open any new medical colleges in the country as the turnout from present medical colleges was considered to be sufficient to meet the needs of the country. This policy continued up to 1991 when, it was recognised that a large number of posts of doctors were not only lying vacant in rural areas but there was tremendous interest and pressure for gaining admission into medical colleges. As a result, new colleges were getting established even without the basic infrastructure and facilities. In order to stop the mushroom-growth of medical colleges, the President of India promulgated an Ordinance on 27th August, 1992 to amend the Indian Medical Council Act, 1956. The above Ordinance has since been converted

into an Act on 2nd April, 1993. The main provisions of this Act relate to seek the prior permission of the Central Government before establishing an institution imparting education in medical science, increasing the intake of students or introducing a new or higher course of study.

6.7 Dental Council of India

6.7.1 The Dental Council of India is a statutory body set up under the Dentists Act, 1948, with the prime objective of regulating dental education, the dental profession and its ethic in the country . For this purpose the Council Periodically carries out inspections of the dental institution to ascertain the standard of the courses and facilities available for imparting teaching of dentistry. During the financial year 1993-94 up to November, 1993, 18 dental colleges in the country were inspected. A sum of Rs. 19.00 lakh has been provided as grant-in-aid to the Council in 1993-94.

6.7.2 An ordinance to amend the Dentists Act, 1948 was promulgated on 27th August, 1992 by incorporating therein provisions for prior permission of the Central Government for establishing any new Dental Colleges, for starting any new or higher courses of study or training or increase in the admission capacity in any existing college. The Ordinance has now been replaced by the Dentists (Amendment) Act, 1993 on 2nd April, 1993.

6.7.3 The Council permitted four dental colleges each to run BDS and MDS Courses during 1993-94 (up to November, 1993). 18 inspections were conducted during this period. Fee structure for the payment seats in dental colleges have been recommended by Dental Council of India in view of Supreme Court order.

6.7.4 The scheme as referred to the Dentists (Amendment) Act, 1993 has been notified on 25.9.1993 in the form of the Establishment of new dental colleges, opening of higher courses of study and increase of admission capacity in dental colleges regulations, 1993.

6.7.5 The scheme *inter-alia* provides for permission of the State Governments, affiliation of the University concerned, availability of infrastructure in terms of adequate buildings, equipments, teaching staff, hostel facilities, attached hospitals, financial and managerial capability of institutions for setting up of dental colleges and expansion thereof.

6.8 Indian Nursing Council

6.8.1 The Indian Nursing Council is a statutory body constituted under the Indian Nursing Council Act, 1947. The Council is responsible for regulation and maintenance of uniform standard of training for Nurses, Midwives, Auxiliary Nurse-Midwives and Health Visitors. The Council prescribes the syllabus and regulations for various nursing courses.

6.8.2 The inspection of Nursing Schools and Examination Centres is done to maintain uniformity and the requisite standards of Nursing Education in the country. During the year 1993-94 up to November 1993, 85 institutions were inspected. Work related to vocationalisation of A.N.M. Course at 10+2 level and the proposal for amendment of Indian Nursing Council Act, 1947 are expected to be finalised during 1993-94.

6.8.3 According to information collected by the Indian Nursing Council, the total number of qualified personnel is as follow:

Nurses	: 3,40,208
A.N.M.	: 1,50,658
Health Visitors	: 17,302

6.8.4 A provision of Rs.7.50 lakh as grant-in-aid from Central Govt. had been made during the year 1993-94 for providing grant-in-aid to the Council, as against the sum of Rs.7.25 lakh released during 1992-93.

During the year the election for the office of the president and vice-president INC was held. Prof. (Mrs.)C. Chandrakanthi became new president and Smt. B. Bhattacharya, vice-president of the Indian Nursing Council.

6.9 Development of Nursing Services

6.9.1 *Training of Nurses:* The short term Courses are conducted to help the teachers in updating the knowledge in Primary Health Care with special reference to Health Care Delivery System. Proposals for conducting these courses during 1993-94 are being processed and funds will be released to the States/UTs for this purpose.

6.9.2 *Opening of 10 New Schools of Nursing for SCs/STs:* It is proposed to open 10 new schools of Nursing during the 8th Plan period (1992-97). Project proposals from States/UTs have been called for to provide the financial assistance for opening these schools.

6.9.3 *Nurses Colony:* In order to provide better residential facilities to the Nurses,500 residential units are proposed to be constructed. A piece of land measuring 10 Acres has been allotted for this purpose at Sriniwaspuri in New Delhi.

6.10 Pharmacy Council of India

6.10.1 The Pharmacy Council of India is a statutory body constituted under the Pharmacy Act, 1948. The Council is responsible for the prescription, regulation and maintenance of minimum educational standards for the training of Pharmacists uniformally in the country. It prescribes the syllabus, norms for the institutions and regulations for diploma course in Pharmacy and undertakes the registration of Pharmacists.

6.10.2 At present, there are 247 institutions having an admission capacity of 13930 students per annum and 52 institutions imparting degree course in pharmacy with admission capacity of about 2072 per annum. The Council had approved 1661 institutions in the country for imparting practical training to 5787 students. During the year 1993-94, upto Nov.,1993. 18 new institutions were approved for conducting diploma course in Pharmacy. An amount of Rs. 10.55 lakh has been provided in B.E. 1993-94 for releasing grant-in -aid to the Council.

6.10.3 During the year 1993-94, upto November, 1993, 42 inspections imparting diploma and degree courses in Pharmacy were carried out. The Council withdrew approval of six institutions conducing D.Pharm. Course and served notice for withdraw of approval of 8 institutions.

6.10.4 The Education Regulation 1991 was made effective from the academic year 1993-94.

6.11 All India Entrance Examination for Admission to MBBS/BDS Courses-1993

6.11.1 The Sixth All India Pre-Medical/Pre-Dental Entrance Examination was conducted by the Central Board of Secondary Education on 9th May, 1993 in respect of the 15% seats in Medical/Dental Courses at 314 Centres spread all over the country. The sale of bulletin of Information and application forms was done through 147 branches of Canara Bank all over the country w.e.f. 24-12-1992, in addition to the offices of the Board at Madras, Guwahati, Ajmer, Chandigarh and Allahabad. 1,60,736 candidates were registered out of which 1,37,871 appeared at the Examination. The results were declared on 14th July, 1993. 1,558 candidates were placed in the merit list and 779 in the waiting list.

6.11.2 In compliance of the directives of the Supreme Court of India on 30th April, 1993, the scheme for allotment to 15% All India seats was modified. In the year 1993, the allotments were made to the successful candidates, by personal appearance from 1st August to 14th August, 1993 & from 8th

September to 13th September, 1993. The candidates selected one of the seats available as per their merit position and allotments were made in their presence through computer and the same were displayed. By this new process of allotment all the available seats were allotted to the candidates, as per the selection made by them, by mid September. The whole process of allotment and admissions to 15% All India seats was over by 30th September, 1993. Government of India spent about Rs.7.00 lakh to meet the expenses for making allotments by personal appearance.

6.11.3 The Central Board of Secondary Education met the expenditure on conducting the Entrance Examination through its own resources.

6.12 All India Entrance Examination for Admission to 25% Post-Graduate Seats Conducted by AIIMS, New Delhi

6.12.1 In compliance with the directive given by Supreme Court of India on 25th September, 1987, A.I.I.M.S. organised and conducted the sixth All India Entrance Examination for admission to various Post-Graduate Medical and Dental Courses (MD/MS/Diploma/MDS) on All India basis for 25% of the total seats in recognised Medical and Dental Colleges.

6.12.2 The Entrance Examination was held at 42 centres in 15 Capital Cities in the country on 28th February, 1993. The date of entrance examination had to be postponed from 24th January, 1993 on account of disturbances in Bombay and Ahmedabad. 22,317 candidates appeared in the examination for admission to MD/MS/Diploma courses and MDS courses out of the 26,379 registered. The result was declared on 11th April, 1993 for enabling the allotment of seats in 70 Medical and 11 Dental Colleges all over India, to the candidates who qualified in the Entrance Examination. There were 1866 seats in MD/MS/Diploma Courses and 46 seats in MDS courses under 25% All India P.G. quota for 1993. The whole allotment and admission process to these seats was completed by 15th October, 1993. The scheme for allotment to 25% All India P.G. seats from the year 1994 has also been modified by the Supreme Court of India on 22nd April, 1993. Under this modified scheme the allotments will be made by counselling from 1st March to 15th March through the Computer in presence of the candidates. The candidates shall have the right to select one of the seats available at their rank.

6.13 National Board of Examinations

6.13.1 The National Board of Examinations was initially established as a wing of the National Academy of Medical Sciences in 1975 and it became an independent entity in 1982 when the Board was registered as a society under the Societies Registration Act, 1860.

6.13.2 The Board conducts post-graduate examinations in medical sciences in 39 disciplines (28 broad specialities and 11 super specialities) of modern medicine at the national level. The Board is thus national level body helping in maintenance of a high uniform and standard of post-graduate medical education and training.

6.13.3 The other main objective of the Board is the accreditation of various institutions which provide adequate facilities for specialist training to candidates. It also maintains liaison with professional associations concerned with higher medical education and promotes effective linkages on a continuing basis among the academic, technical, evaluation, scientific and research agencies working in the field of medicine and other allied sciences.

6.13.4 The Board awards qualifications known as Diplomate of the National Board, in the speciality concerned which is recognised as equivalent to post-graduate medical degree. These qualifications are

included in the first schedule to the Indian Medical Council Act, 1956.

6.13.5 The examinations of the Board are conducted twice a year in February and August in 39 disciplines. 3710 candidates have qualified in these prestigious examinations till July, 1993. The following are the results of the Board's examinations for the year 1992 till July, 1993.

PRIMARY		*FINAL*	
Appeared	*Passed*	*Appeared*	*Passed*
4575	2713	4231	828

6.13.6 About 120 Hospitals/Institutions have been accredited by the Board after inspection in various specialities.

6.13.7 The Board has created a well stocked Question Bank in various disciplines. Research on evaluation methodology has also been carried out. Several structural reforms have been introduced in the context of Theory, Practical, Clinical and Viva-Voce.

6.13.8 The Board has taken steps to generate a national debate on the need for uniform and high standards in higher medical education in the country.

6.13.9 Introduction of Thesis/Dissertation has been approved as a compulsory requirement in all subjects for candidates who have enrolled for training from January 1991 session onwards.

6.13.10 Training of trainers in order to construct various types of MCQs and CME programmes for the trainees of the Board accredited institutions are being planned/conducted in various centres in India.

6.13.11 The Board has also acquired sufficient expertise in evaluation and examination technologies.

6.13.12 In accordance with the Government policies to increase the facilities in rural areas, it is proposed to give thrust to the accreditation of 100 bedded hospitals in various parts of the country.

6.13.13 It is also proposed to give greater encouragement to institutions specialising in Family Medicine, which is of relevance in the present Primary Health Care approach-based on equity of access and low costs.

6.14 National Academy of Medical Sciences (India)

6.14.1 The National Academy of Medical Sciences was established in 1961 as registered society with the objective of promoting the growth of medical sciences. It recognises talent and merit throughout the country in the form of election of Fellows and Members of the Academy.

6.14.2 As on 30th September, 1993, the Academy had on its rolls 6 Hony. Fellows, 609 Fellows and 1113 Members. 28 Fellows and 49 Members were admitted at the 32nd Annual Meeting of the Academy held in Delhi on 2nd April, 1993. The Prime Minister of India, Shri P.V. Narasimha Rao, was admitted as our Honorary Fellow of the National Academy on the occasion of the award giving ceremony. 8 Orations and 6 Awards have been instituted by the Academy for which medical scientists were selected after proper scrutiny for the year 1992-93.

6.14.3 *CME Programme:* To keep medical professionals abreast with current problems of the country and update their knowledge in fields for the required delivery of health care and also help them in preparing for post-graduate examinations of various Universities and National Board of Examinations, a programme of Continuing Medical Education (CME) is being implemented by the Academy since 1992, as per pattern approved by the Government of India.

6.14.4 During the current year, upto the end of September, 1993 various associations, professional bodies and medical colleges have been sanctioned financial assistance by NAMS for conducting 23 Seminars / Workshops etc.

6.14.5 The CME Programme also covers Human Resource Development by sending Junior Scientists to Centres of excellence providing advance methods and techniques. 70 Medical Scientists/Teachers have completed training in selected areas at various specialised centres upto 1992-93.

6.15 All India Institute of Medical Sciences

6.15.1 The All India Institute of Medical Sciences, established by an Act of Parliament in 1956, enjoys the status of an institution of national importance. It awards its own degrees. The AIIMS continues to be a leader in the field of medical education, research and patient-care in keeping with the objectives of the Act.

6.15.2 The institute was established to develop patterns of teaching in under-graduate and post-graduate medical education in all its branches so as to demonstrate a high standard of medical education to all medical colleges and other allied institutions in India; to bring together at one place educational facilities of the highest order for the training of personnel in all important branches of health activity; and to attain self-sufficiency in post-graduate medical education.

6.15.3 The Institute is fully funded by the Government of India. For research purpose, however, grants are received from various sources including national and international agencies. The Institute collects fees from under-graduate and post-graduate students as per prescribed schedules. While the major part of the services are free for the patients coming to the AIIMS hospitals, certain categories of patients are charged for treatment/services rendered to them. Specialised investigations and services are charged at a subsidized rate.

6.15.4 *Medical Education*:

6.15.4 (i) *Post-graduate Medical Education*: During 1993-94 (Jan.'93 & July'93) 100 students (in two sessions, i.e. for the courses commencing in January, 1993 and July, 1993) were admitted to various post-graduate courses i.e. M.D., M.S., M.H.A., M.Sc. and to post-doctoral degrees like the Ph.D., M.Ch. and D.M. in various specialities of medicine, surgery and non-clinical subjects. Eight candidates belonging to the Scheduled Castes and 5 belonging to Scheduled Tribes got admission to the post-graduate courses. The Institute provides full time post-graduate and post-doctoral courses in 40 disciplines. In the year under review 78 post-graduate students qualified for various degrees. The guiding principles in post-graduate training is to train them as teachers, researchers and above all as competent doctors to manage and treat the patients independently. Eighty five candidates from various organisations and State Governments received short-term training at the Institute during the year.

6.15.4 (ii) *Under-graduate Medical Education* : This year the Institute admitted 50 students to its MBBS course, 14 students to B.Sc. Nursing (post-certificate) course, 39 students to B.Sc.(Hons.) in Nursing Course, 15 students to B.Sc.(Hons.) Human Biology Course, 9 Students to B.Sc.(Hons) in Ophthalmic Techniques, 3 students to B.Sc.(Hons.) in Medical Technology in Radiography and 3 students in B.Sc. (Hons.) in Speech and Hearing.

6.15.4 (ii) (a) The MBBS course is spread over five-and-a-half years, dividing theperiod to one year for preclinical, one-and-a-half year for para-clinical and two years for clinical subjects, followed by one year of internship. In the curriculum of MBBS, however, emphasis was laid on the rural and community service. Paramedical courses like B.Sc.(hons.) in Nursing, Ophthalmic Techniques, Medical Technology in Radiography and Speech and Hearing

continued to be popular and attracted students from other countries. The curricula of these courses are under constant scrutiny by the Faculty for purposes of improvement.

6.15.4 (iii) *Continuing Medical Education*: The Institute organised a number of workshops, symposia and conferences in collaboration with various national and international agencies during the year. Professionals from various institutions all over the country participated in these seminars and workshops and benefitted with update knowledge. The members of the AIIMS faculty also served as guest faculty in CME programmes organised by other medical colleges in the country.

6.15.4 (iv) *Training for Scheduled Castes (SC) and the Scheduled Tribes (ST) candidates*: The SC and ST candidates are given due consideration and weightage in accordance with the Government of India guidelines in all selections. During the current year 13 SC/ST candidates were selected for the post-graduate courses; 7 SC and 4 ST candidates were selected to the MBBS course; 3 SC/ST candidates were admitted to B.Sc. (Hons.) Ophthalmic Technique; 2 SC/ST candidates were admitted to B.Sc. (Hons.) Medical Technology in Radiography course; 1 SC/ST candidate was admitted to B.Sc. (Hons.) in Speech and Hearing course; 1 SC/ST candidate was admitted to B.Sc. Nursing Post-certificate course; 10 SC/ST candidates were admitted to B.Sc.(Hons.) Nursing course, and 7 SC/ST candidates were admitted to B.Sc.(Hons.) Human Biology Course during the year.

6.15.5 *International Role*: The Institute continued to provide consultancy services to several neighbouring countries under the aegis of international agencies. During 1993-94, the Institute trained 8 candidates from various neighbouring countries to fulfil its international obligations.

6.15.6 *Research*: Medical research is a vital component of the Institute's activities. The faculty of the Institute carry out research in areas relevant to the national health-care needs. The Institute provides a small grant of about Rs. 12 lakh for research to the junior members of the faculty. However, a much bigger research fund of about Rs. 6 crore was received by the faculty from national and international funding agencies like Department of Science and Technology, Indian Council of Medical Research, Council of Scientific and Industrial Research, Integrated Child Development Services, Department of Environment, UNICEF, WHO etc. The researchers also attract funds from a number of reputed drug companies. These funds are received purely on merit of the research projects which are approved on competitive basis. Some of the frontline research areas are: liver diseases; diabetes, iodine deficiency disorders, rheumatic fever, congenital glaucoma, AIDS, malaria, leprosy, typhoid etc.

6.15.7 *Community Services*: Community services is an integral part of the activities of the Institute. The Comprehensive Rural Health Services Project at Ballabhgarh and Urban Health Centre at Malaviyanagar continue to provide useful service at the door-steps of the community. Besides, Department of Obstetrics and Gynaecology and Dr. R.P.Centre for Ophthalmic Sciences have been actively involved in various community health-care activities.

6.15.8 Dr. R.P. Centre for Ophthalmic Sciences organised 5 major eye camps and in 12 Primary Health Centres eye checking OPDs were held in and around Delhi. 596 Intraocular surgery and 3975 refractions were conducted during the eye camp this year.

6.15.9 In its effort to disseminate scientific knowledge on prevention of disease and community health education the institute continues to organise public lectures on various health problems for the benefit of the common mass. This programme receives commendable response both from the public and the press.

6.15.10 *Patient Care Services*: The patient-load on the AIIMS hospitals is ever increasing. During 1993-94, the rising trend is obvious.

6.15.11 During 1992-93 the OPDs of the Main Hospital attended to 1146023 patients and admitted 54013 patients. A total number of 75686 surgical procedures were conducted. During the period from April to June (1993) the main hospital of the Institute attended to 259764 patients in the OPDs and admitted 13478 patients.

6.15.12 During 1992-93 the OPDs and Clinics of Dr.R.P. Centre for Ophthalmic Sciences were attended by 147212 patients and 5002 patients were admitted. A total number of 6129 surgical procedures were conducted for various eye ailments. During the first six months upto September, 1993, the Centre's hospital attended to 135855 patients in the OPD and admitted 5002 patients.

6.15.13 During the current year the Neurosciences Centre and Cardiothoracic Centre made tremendous progress both in the quality and quantity of their performance. During the first six months of the current year (1.4.1993 to 30.9.1993), the C.N. Centre conducted 453 heart operations while the N.S. Centre performed 594 procedures. The Cardiothoracic Centre attended to 35587 patients while the Neurosciences Centre attended to 25357 patients in their OPDs during this period.

6.15.14 The Institute-Rotary Cancer Hospital attended to 18453 patients in the OPD and admitted 2940 patients. During this period 1521 cancer-related surgery were undertaken.

6.15.15 *Budget:* The AIIMS is fully funded by the Government of India. For 1993-94, the Government has made an allocation of Rs. 4725 lakh in Non-Plan and Rs. 2595 lakh in Plan expenditure.

6.15.16 *Innovation:* A project to establish an Accident and Trauma Care Complex under the aegis of AIIMS has been planned. M/s Hospital Services Consultancy Corporation of India Ltd. (HSCC), a Government of India Undertaking have been engaged as consultants for this project and the plans for the same are in progress.

6.15.17 A sophisticated Nuclear Magnetic Resonance Imaging (NMRI) facility, consisting of both the research and diagnostic models, was commissioned during the year. The research model was commissioned in March, 1993 while the diagnostic unit was commissioned in October, 1993.

6.15.18 The Institute has taken up the expansion work of the Institute Rotary Cancer Hospital (IRCH). The construction of the 1st floor of the IRCH building for establishment of a Surgical Oncology Unit is in progress. The Government has also allocated funds for developing the Bone Marrow Transplant facility at the IRCH.

6.15.19 The Department of Gastro-Intestinal Surgery is busy in finalising its plan for starting Liver Transplant Programme, for which Government has already allocated funds. The transplant programme will commence only after the Bill on Organ Transplantation is passed by the Parliament.

6.16 Post-Graduate Institute of Medical Education and Research, Chandigarh

6.16.1 The Post-Graduate Institute of Medical Education and Research, Chandigarh, offers courses leading to the award of degrees of B.Sc. Medical Technology, M.Sc., M.Sc. Medical Technology, D.M., M.Ch., M.D., M.S., M.D.S., Ph.D. etc. As on 31-10-93, a total of 3371 residents have completed their training and obtained their Post-graduate qualifications. On 31-10-93, there were 521 candidates on the rolls of the Institute pursuing MD/MS, DM/M.Ch., Ph.D. and M.Sc. Courses, 16 candidates were on the rolls for different M.Sc. Medical Technology

Courses, 81 for B.Sc. Medical Technology (X-Ray & Laboratory), 15 for B.Sc. (Audiology and Speech Therapy) Courses and 9 for Operation Theatre Assistant Course. The College of Nursing affiliated to the Punjab University, has on its rolls 36 candidates for B.Sc. Nursing (Post basic), 173 B.Sc. Nursing (4 years course) and 20 candidates for B.Sc. Nursing Courses.

6.16.2 The Nehru Hospital attached to the Institute has a bed strength of 980. During the year 1992-93, the registration of inpatients and outpatients was 32,671 and 8,03,456 respectively.

6.16.3 Research work is in progress in various departments of the Institute. 174 Research Schemes were funded by the Institute; over 45 by the Indian Council of Medical Research, New Delhi; 60 by the Council of Scientific and Industrial Research, New Delhi; 4 by the Department of Atomic Energy, BARC, Bombay; 4 by the Department of Biotechnology, Government of India, New Delhi; 3 by the National Institute of Immunology, New Delhi; 2 by the Indo-UK Collaboration Programme; 2 by the Indo-US Collaboration Programme; 1 by the Indian Council of Social Sciences Research, New Delhi; 12 by the Science and Technology Council, U.T., Chandigarh; 2 by the Science and Technology Council, Punjab, Chandigarh; 1 by the Science and Technology Council, Haryana, Chandigarh; 1 by the Potash and Phosphate Institute of Canada (Indian Programme), New Delhi. Thus a total of 310 research schemes are being carried out by the Members of the Faculty of the Institute during the year 1993-94.

6.16.4 Basic as well as applied research is being undertaken at the Institute on several National priority areas; such as, Malnutrition-Vitamin A deficiency, Leprosy, Diarrhoeal Diseases, Amnebiasia, Cancer, Malaria, Filaria, Hepatitis, Family Planning Programme, Anti-fertility Vaccine, Eradication of Blindness, Rehabilitation of the Disabled. Research Programmes on Rheumatic Heart Disease, Rheumatic Fever, Hypertension, De-addiction from drugs; diagnosis and treatment of genetic disorders are also being carried out. Prevention and treatment of diseases to which the Scheduled Castes and Scheduled Tribe communities are prone, are being studied by several workers. The Institute is equally involved in research for the rural and community related environment and health problems. The Institute has been recognised by the National AIDS Control Organisation, New Delhi, for investigative survey of AIDS. Several papers based on these research findings have been published in leading scientific journals and presented at national and international conferences. Faculty Members have been invited to deliver prestigious guest orations, based on their work. The faculty members have been awarded prestigious research awards by the Indian Council of Medical Research, Medical Council of India, New Delhi, in recognition of their outstanding achievements of research.

6.16.5 The Institute has been holding seminars, symposia and continuing medical education programmes for updating the knowledge of the faculty as well as the Medical Teachers hailing from the Regional and National Medical Colleges.

6.16.6 The approved budget estimates for Non-Plan and Plan for the year 1993-94 are Rs.2940 lakh and Rs.1700 lakh respectively. The Governing Body of the Institute was reconstituted on 15.1.1993.

(i) A new unit of C.T. Scan has become operative; at the Nehru Hospital, P.G.I., Chandigarh;

(ii) A new Sophisticated Instrumentation Centre has been established at a cost of Rs. 3 crore to provide a boost to research work at this Institute;

(iii) Computerisation of services at the Institute is being introduced in

phases and a large number of staff members have been imparted elementary training in computer use;

(iv) A modern library building has already been completed which has, *interalia*, the facilities for central air-conditioning and computerised literature research;

(v) The new Audiometry Laboratory of the Department of ENT is ready for commissioning;

(vi) The work on the Dental Centre is at an advance stage and is expected to be completed within 4 weeks;

(vii) 48 Flats for married residents and 32 houses for other categories of employees have been completed;

(viii) 60 New beds have started functioning in the space vacated by the army authorities;

(ix) The Physiotherapy Department has moved to a new spacious accommodation;

(x) The equipment to the Central Sterile Supply Department has been augmented;

(xi) The entire equipment for the laundry has been replaced;

(xii) The Air-conditioning Plant and oxygen supply system are in the process of being augmented;

(xiii) The construction works of a multi-storeyed building for Advance Paediatric Centre has been started;

(xiv) The construction of the new OPD Block of the Nehru Hospital and expansion of the Emergency Block are slated to begin within a few weeks; and

(xv) A Block of Sarai for the attendants of the patients has been completed and is being commissioned;

6.17 Jawaharlal Institute of Post-Graduate Medical Education and Research, Pondicherry

6.17.1 Jawaharlal Institute of Post-Graduate Medical Education and Research, popularly known as JIPMER, is a Central Government Institution under the Ministry of Health and Family Welfare.

6.17.2 *Aims and Objectives:* The Institute has been established with the main objective of developing patterns of teaching in Under-graduate and Post-graduate medical education so as to demonstrate a high standard of medical education to all medical colleges and other allied institutions in India. The broader objectives of the Institute Hospital are to extend to the people of Pondicherry and the neighbouring areas a comprehensive service in the field of medical care to impart rural orientation and emphasise the preventive and promotional aspects of community health and to integrate family welfare with the general package of health and nutritional services.

6.17.3 Clinico-Pathological exercises are held every month to discuss interesting cases with diagnostic problems. The Medical Care Review Committee meets every month to discuss statistics of investigative and clinical departments with particular emphasis on the review of medical care rendered to the patients vis-a-vis death cases.

6.17.4 Installation of Heart Lung Medicine, Laser Equipment, 2-D Ultra Sound Scanner & Auto Analyser and the features of the Hospitals for the patient care. One whole body C.T. Scan and one Cobalt Tele-Therapy Unit are procured and to be installed.

HOSPITAL STATISTICS AT A GLANCE

	1st Oct.92 to 31st Mar. 93	*1st Apr.93 to 30th Sep. 93*
1.No. of Out-Patients Attendance	588622	608240
2.Out-Patient daily average	4004	4082
3.Hospital Bed Strength	859	859
4.Total No. of admissions	16022	17362
5.Total No. of discharges (In-Patients treated)	16051	17258
6.Total No. of deaths	749	725
7.Bed occupancy rate	96.8%	97.7%
8.Daily Average of In-Patients	893	900
9.Total No. of Operations	19239	21304
10.Total No. of Out-Patients attendance in Rural Health Centre, Ramanatha-puram, Sadarapet and Coodapakkam	17846	17497
11.Total No. of Out-Patients attendance in Urban Health Centre, Kurichikuppam	12341	12885

6.18 Family Welfare

6.18.1 On the Family Welfare too, the Institute has done excellently well. The achievements of Family Welfare activities are given below:

	1st Oct.92 to 31st Mar.93	*1st Apr. 93 to 30th Sept.93*
1. Tubectomy	534	635
2. Vasectomy	2	3
3. I.U.C.D.	93	111
4. Oral Pill	4	10
5. Condoms	11 Users	13 Users
6. M.T.P.	76	73

6.18.2 In addition, emphasis is laid on Health Education and Re-orientation Programmes. Additional feature is promotion of Natural Family Planning methods.

6.18.3 *Academic Achievements:* The Institute affiliated to Pondicherry University conducts both under-graduate and post-graduate medical courses viz. MBBS, M.D./M.S. & Diploma Courses. The Institute also conducts Post-Doctoral Courses M.Ch. in the subjects of Genito-Urinery Surgery and Cardio Thoracic & Vascular Surgery and other Para-Medical Courses such as M.Sc. (Medical Biochemistry) B.Sc. (MLT), B.M.R.Sc. etc. Medical Records Officers & Medical Records Technicians Courses. Diploma and Certificate Courses in French language are also being conducted in the Institute. The results of the students in the various courses have been excellent during this year also.

6.18.4 The total number of students on roll as on 30th September, 1993 are as follows:

M.B.B.S.	375
Post-graduate M.D./M.S. Degree/Diploma	182
M.Ch.(Genito-Uriner surgery	4
M.Ch.(Cardiac-Thoracic & Vascular Surgery)	4
M.Sc.(Medical Biochemistry)	17
B.Sc. (MLT)	32
B.M.R.Sc.	5
M.R.O. Training	2
M.R.T. Training	12
French Certificate	75

6.18.5 *Facilities for Scheduled Castes and Scheduled Tribes*: In all the Under-graduate and Post-graduate Courses conducted by the Institute, reservations for Scheduled Caste and Scheduled Tribe candidates as per standing orders have been strictly followed. Likewise on the recruitment side also, the percentage of reservation of posts for Scheduled Caste and Scheduled Tribe candidates have been adhered to. There is also a separate book bank for SC/ST students in the JIPMER Library. The book bank is very popular among the SC/ST students and they are given maximum benefit and help from this bank.

6.18.6 *Guest Lectures and Distinguished Visitors*: As a part of Post-graduate training programme, eminent Professors in various specialities visited the Institute and delivered lectures and also participated in Seminars and Symposiums which are of high academic value.

6.18.7 *Research:* Research forms an integral part of teaching and training. The Institute has undertaken a number of research projects duly approved and financed by the University Grants Commission and Indian Council of Medical Research. During the period under report, a number of Research papers have been published and also presented in the various Conferences, Seminars etc. by the faculties.

6.18.8 A comprehensive Health Care Mobile Clinic Camps were held in 22 villages catered to by Primary Health Centres adopted by the Institute under the Re-orientation of Medical Education Programme.

6.18.9 Specialists from the Departments of

Medicine, Surgery Paediatrics, Dentistry, ENT, Obstetrics & Gynaecology, Dermatology and S.T.D. Ophthalmology and Community Medicine participated in the camps and provided health care to 8432 patients. Minor Surgery was performed for 19 cases, 79 Dental Extractions were carried out. In addition to the above, puppet shows were also arranged in these villages.

6.18.10 Ante-natal coverage and tetanus toxoid immunisation in the Union Territory of Pondicherry is very high. During the Mobile Clinics only such of those mothers who had not received immunisation or ante-natal care were examined and given the appropriate dose of Tetanus Toxoid.

6.18.11 Re-orientation and training programme in the modern educational technology are routinely arranged for students and residents.

6.18.12 *Library*: The Central Library of the Institute is well equipped with the latest books and journals. An amount of Rs. 28.00 lakh has been projected in the Revised Estimates for 1993-94 for making purchases of books and journals for Library. It has a total collection of 28221 books and it subscribes for 21718 journals at present.

6.18.13 *Campus:* JIPMER has a residential campus with 8 hostels separately for gents, lady students, resident doctors and nurses. A new hostel constructed for lady residents was opened recently to accommodate P.G. Students/Doctors. Quarters of different types for different categories of staff and a separate Guest House are also available.

6.18.14 *Budget:*

(Rs. in lakh)

	RE 1992-93	*BE 1993-94*
Plan	Rs. 687.90	Rs. 690.00
Non-Plan	Rs.1349.72	Rs.1398.00

6.19 Lady Harding Medical College and Smt. S.K. Hospital, New Delhi

6.19.1 The Lady Hardinge Medical College & Smt. S.K. Hospital was established in the year 1916 with the main object of providing higher education for women, medical care for women and children and training of women as Nurses. The Lady Hardinge Medical College, Smt. S.K. Hospital alongwith Kalawati Saran Children's Hospital was taken over by the Government of India with effect from 01.02.1978 in pursuance of the provisions of the LHMC and Hospital (acquisition) and Misc. Provisions Act, 1977. The Kalawati Saran Children's Hospital was established in 1956. The two Institutions are now functioning as Subordinate Offices of the Directorate General of Health Services.

6.19.2 *Lady Hardinge Medical College:* The College is affiliated to the University of Delhi and offers instructions in MBBS and Post-graduation in various disciplines. The College has completed its 75 years of existence.

6.19.3 For the academic year 1993-94, the number of students admitted for MBBS Course is 122 (including 19 SC and 10 ST). The total number of post-graduate students and under-graduate students at present on roll is 163 and 807 respectively. There are 97 SC and 51 ST students on the rolls of the Institution. For the under-graduate course, foreign students including from Commonwealth countries under General Cultural Scholarship Scheme and self financing scheme are also admitted.

6.19.4 *School of Nursing:* The School of Nursing run by the Institution has admitted 90 students including 6 students from Sikkim. At present total number of students on roll is 260 including students from foreign countries. Students from Dr. Ram Manohar Lohia Hospital are given practical training for midwifery. It also provides one month training to the students of Lady Reading Health School and R.A.K. College of Nursing, New Delhi.

6.19.5 The Hospital provides 750 hours of practical training to the students of college of Pharmacy.

6.20 Patient Care, Teaching Undergraduates and Post-graduate Students, Research and Extra Curricular Activities.

6.20.1 The total bed strength of Smt. S.K. Hospital, at present is 836. The Kalavati Saran Children's Hospital has a bed strength of 380 including 25 beds in emergency and intensive care. This Hospital has a full fledged department of Physical Medicine and Rehabilitation for imparting curative, preventive and rehabilitative services to handicapped patients.

6.20.2 These two hospitals, alongwith additional beds for clinical units in Medical, Surgical and Ortho Surgery at Dr. RML Hospital (having 70, 60 and 20 beds respectively) provide training to students on female, male and child patients. Modern equipments to meet the requirement of time is being installed in various departments of the Hospital with a view to make it a fully equipped hospital.

6.20.3 *Special Services Given in the Hospital:* The Institution provides following round the clock special services in addition to the routine patient care and Laboratory Services:

(i) E.C.G.

(ii) X-Ray Service in S.K.H. & K.S.C.H.

(iii) Laboratory Service :
Blood Bank
Haematology
Biochemistry

(iv) Embalming of Dead Bodies.This Hospital provides embalming service for practically the whole of Delhi, especially for VIP and Foreign dignitaries

(v) Police (Autopsies):Pos Mortem facilities for the Zones which have been allocated to this Hospital.

(vi) 24 hours emergency with surgical facilities.

(vii) *I.C.U.:*A modern intensive care unit is functioning under the Department of Anaesthesia, with all required facilities and attached laboratory.

(viii) *Drug De-Addiction Unit:*This unit transferred from Safdarjung Hospital on 18.01.1989 is having sanctioned strength of 30 beds. Now it is functioning with 20 beds. This unit is designated centre, set up by the Govt. of India for early detection and treatment of all types of addictions and is open to males and females with both indoor and outdoor facilities.

(ix) One accident & emergency unit created in 1991, has been providing excellent services.

(x) The 24 hrs. Biochemistry. Laboratory commissioned in the New Building is functioning properly.

(xi) The Nursing Home, which was renamed in 1991 is functioning properly Ultrasonograph has been installed in the labour room

(xii) Antirabies and ,Diabetic clinic started with available resources.

(xiii) Laboratories of the Hospital have been upgraded with installation of latest electronic equipments i.e. Auto Analyser, ELISA, Echocardiogram Tread Mill etc.

(xiv) College auditorium is being used for national & international conferences to update medical information among professionals.

(xv) Additional operation theatre for MTP, sterilisation and caesarian operations is added to improve family welfare programme.

(xvi) Expansion of infrastructure in Deptt. of Radiology is done to provide more radiodiagnostic equipments.

6.20.4 *Performance:* The Institution is actively involved in Government Health Service and has played an active role in implementing the National Health Programmes of the Govt. of India, for the people of Delhi and its adjoining areas.

6.20.5 *Medical Aid was provided to the patients in SSK Hospital and K.S.C. Hospital as under:*

	S.S.K	*K.S.C.H.*
1	2	3
1. Casualty Attendance (144 MLC Cases)	17967	28666
2. O.P.D. Attendance	3,61,860	1,52,193
a. New	2,35,135	74,180
b. Old	1,26,725	78,013
3. Indoor Admissions	31,137	
a. Patients	22,100	
b. New Borns		9,037
4. Operations (Indoor)	10,522	
Major	3,961	
Minor	6,561	
5. Deliveries	9,028	
6. Abortion	1,343	
7. N.T.Ps.	1,311	
8. Sterilisations	1,771	
9. I.U.D.	1,058	
10. Nirodh	3,15,303	
11. Oral Pills		1,557
12. T.T. Immunisations		
Ist Dose	5,383	
IInd Dose	2,717	
13. Total No. of X-rays done	43,775	22,663
14. Total No. of Special X-rays done	15,240	3,774
15. Ultra sound investigations done		2,990

6.20.6 This Institution has undertaken immunisation coverage through UIP and EPI programmes.

The total number vaccinated is as under:

B.C.G.	4,779
Mantoux	6,778
Triple Antigen(DPT)	10,117
Oral Polio	11,719
Measles	2,428
Double Antigen(DT)	878
Tetanus Toxoid	151
Vitamin A	4,009

6.20.7 The College and Hospitals are imparting training in occupational therapy and physiotherapy to students of the Institute for the Physically Handicapped. Similarly training is being provided to the Pharmacy Students and to Dieticians.

6.20.8 3,55,375 and 1,32,588 investigations were performed in Smt. S.K. Hospital and K.S.C.H. in Cytology, Chemical Pathology, Haematology, Surgical Pathology, Clinical Biochemistry, Pathology and Microbiology Departments during the year 1993 (upto September, 1993).

6.20.9 *Blood Bank*: 4,163 units of blood were collected and 5,608 units of blood were issued in 1993. Voluntary blood donation camps were organised by this Institution, blood collected was used for the needy patients.

6.20.9 (i) The college is a:

a. WHO collaborating centre for reference and training in streptococcal disease from September, 1989 ICMR Advanced Centre Laboratory for Studies in streptococcal diseases.

b. Advanced centre for research on Rheumatic and Rheumatic Heart Diseases.

6.20.10 Immunological laboratory established in 1986 is carrying the research work on:

1. Shigellosis
2. Toxoplasmosis
3. Herpes
4. E. Coli

6.20.11 *Conferences:* This Institution organised/attended:

Conferences	12
Workshops	8
Lectures/Papers	9
Seminars	15
Camps	10
Symposia	3

6.21 Mahatma Gandhi Institute of Medical Sciences, Sewagram

6.21.1 The Institute was set up in commemoration of Mahatma Gandhi Centenary Celebrations in 1969. It has at present an annual admission capacity of 64 students. It is the first and only medical college in the country to be located in a rural surrounding and exposes the students to the health problems of the rural areas. The Institute has a teaching hospital, Kasturba Hospital being the only hospital, to be started by Gandhiji, Father of the Nation, with 501 beds with excellent diagnostic and curative facilities and has adequate base for under-graduate and post-graduate training and research. The Institute is administered by the Kasturba Health Society registered under the Societies Registration Act, 1860.

6.21.2 The Institute has developed various innovative programmes such as Extended Internship Training Programmes, a General Out-Patients Department (which is like a PHC in the teaching hospital with referral facilities), Health Insurance Schemes, etc. to give exposure to the students regarding health and the related problems of rural areas. Students and faculty wear Khadi, attend prayers every Friday and emphasis is on

character building, simple living and dignity of labour. Students and faculty come from all over India.

6.21.3 According to the pattern of financial assistance, the annual expenditure of the Institute is shared amongst the Government of India, Government of Maharashtra and the Kasturba Health Society in the proportion of 50:25:25. The Central Government released grant-in-aid Rs.250 lakh to the Society for the maintenance of the Medical College during 1992-93. During 1993-94 Rs 125 lakh have been allotted to the Institute for the first two quarters of the year.

6.22 All India Institute of Hygiene and Public Health, Calcutta

6.22.1 All India Institute of Hygiene & Public Health, Calcutta, one of the pioneer Institutes in the field of Public Health in the country, was established on December, 30, 1932 with the following aims and objectives

i) To develop manpower in the field of Public Health in the country by providing post-graduate training facilities;

ii) To conduct research relating to various health problems and diseases in the country; and

iii) To undertake operational research to develop methods for optimum utilisation of health resources and application of the findings for protection and promotion of health care services.

6.22.2 Since its inception, the Institute has been engaged in post-graduate teaching and research in various disciplines of health and related sciences to fulfil the above objectives.

6.22.3 *Institutional Set up*: The Institute is headed by a Director who looks after all administrative, research and academic management of the organisation administrative assistance is provided by an Additional Director and an Administrative Officer, who are supported by four office superintendents and ministerial staff.

6.22.4 The Institute has a well-qualified and highly experienced teaching faculty. At present, there are eleven academic departments in the Institute each headed by a Professor or an Associate Professor.

6.22.5 *Manpower Development*: During the year, the Institute conducted one Doctoral Degree Course, two Master's Degree Courses, seven Diploma Courses, one Certificate Course and many orientation/refresher training programmes. The teaching and training programmes undertaken by the Institute are aimed towards development of manpower in the field of Public health and provide facilities for various disciplines, e.g. medical doctors, epidemiologists, microbiologists, nurses, nutritionalists, dieticians, health educationist, health statisticians, veterinarians, demographers, social scientists, etc. During the year 1992-93, 42 students were registered in Masters and Degree Courses, 149 in Diploma Courses and 496 in Short- Courses for training.

6.22.6 *Research*: A large number of research projects are in operation during the year. These schemes have been funded by the Central and State Governments and also by the National and International agencies. The on-going projects concern important areas of health, environmental and occupational hazards and nutritional status of children and tribal women.

6.22.7 *Services*: The Institute provides regular service to the people through its urban and rural health centres. In addition, the Institute provides technical and consultative services to various state Governments, industries and organisations throughout the country.

6.22.8 The Institute has been engaged as one of the vaccinating Centres for yellow fever.

About 400 persons have been vaccinated during 1992-93.

6.23 The Rural Health Unit and Training Centre, Singur

6.23.1 The Rural Health Unit & Training Centre (RHU&TC), Singur, one of the oldest in India, was established in 1939 with the help of Rockefeller Foundation with a view to provide a model for comprehensive health service to the rural population. The RHU&TC at Singur covered a population of about 82 thousand in July, 1993.

6.24 Urban Health Centre, Chetla

6.24.1 The urban practice field area of the Institute was established on 30th December, 1955. It covers an area of 3.9 sq. km. and caters to an estimated population of more than one lakh.

6.24.2 *Technical and Consultancy Services*:Technical and consultative services to various State Governments, Industries and other organisations were provided by several other departments of the Institute.

6.24.3 *Centres of Research and Studies*: The Institute is recognised as a Regional Centre (Eastern and North Eastern Zone) for setting up laboratories under National Drinking Water Mission, Department of Rural Development, Government of India. It also continues to act as a WHO collaborating centre for water supply and sanitation.

6.24.4 The Institute is acting as Regional Surveillance Centre for Viral Hepatitis in North Eastern States. The Department of Microbiology and Epidemiology are jointly responsible for surveillance of Viral Hepatitis. Further, the Institute has also been earmarked as Regional Surveillance Centre for Japanese Encephalitis in North Eastern States.

6.24.5 A WHO Collaborating Centre for Disaster Preparedness has been set up in the Department of Preventive and Social Medicine of the Institute in March, 1993 under the auspices of WHO. This is the only centre of its kind established in the South(East) Asian Region.

6.24.6 The AIDS Surveillance Centre of the Institute will be actively engaged in identification and study of the AIDS prone segments of the population and in collection of valuable information on various socio-economic aspects of their lives and attitudes. A difficult task of surveying the red-light areas of Calcutta has been undertaken and much headway has already been made in this matter.

6.24.7 *Planning for Future Development of the Institute*: For expanding activities of the Institute in future, there is an urgent need for a new campus as the present campus does not provide much scope for expansion for adding several new departments and Courses of Social and Public Health. In order to meet this long felt need a plot of land has already been acquired in the Salt Lake City, Calcutta. Action has been initiated for developing the architectural plan of the building to be constructed.

6.25 Central Leprosy Teaching and Research Institute, Chengalpattu

6.25.1 This Institute is functioning as an apex Centre for training of leprosy staff in the country. It was taken over by GOI in 1974 with the objective to provide training to leprosy staff, referral services to the leprosy patients and to conduct operational field research in leprosy. The Institute has separate wings of epidemiology, clinical medicine, orthopaedic and reconstructive surgery, micro-biology laboratory, monitoring and evaluation and administration. The Institute has 31 Group 'A' level posts sanctioned and bed capacity of 125 patients. The Institute is fully equipped with modern operation theatre. The following categories of NLEP staff are being provided training: District Leprosy Officers, Medical Officers,

Surgeons, Non-Medical Supervisors, Lab. Technicians, Physio-technicians and Smear Technicians.

6.25.2 The Progress in respect of training, services to the patients referred and field research has been very good. The budget estimates for the year 1993-94 is Rs. 29 lakh (Plan) and Rs. 111.25 lakh (Non-Plan).

6.26 Regional Leprosy Training and Research Institute, Raipur, Madhya Pradesh

6.26.1 The Institute was established in the year 1979 with the objective to provide training to leprosy staff, services to referred leprosy patients and to conduct operational field research. The Institute has 75 hospitals bed capacity, OPD facilities and field area covering 1.56 lakh population. There are 11 sanctioned posts of Group A faculty in the Institute. The Institute has been conducting training of following categories of leprosy staff-Para-Medical Workers, Non-Medical Supervisors, Lab. Technicians and Medical Officers. The achievement of the Institute in training of staff, providing services to the patients and field research has been good. The Institute has hostel facility to accommodate 30 trainees at a time. The Institute has a separate department of Public Health, Bacteriology and Surgery.

6.26.2 The Budget estimates for the year 1993-94 is Rs. 20.5 lakh (Plan) and Rs. 32.00 lakh (Non-Plan).

6.27 Regional Leprosy Training and Research Institute, Aska, Ganjam, Orissa

6.27.1 This Institute was established in 1977 with the objective of providing training to leprosy staff, referral services to leprosy patients and operational field research in leprosy. The training faculty posts sanctioned consist of a Director, a CMO, a Surgeon, a Pathologist, a Senior Medical Officer and a General Duty Medical Officer. The posts of Surgeon and Pathologist are lying vacant. New training and hostel block has recently been added. The categories of leprosy staff being trained at this Institute are as under:

6.27.2 Medical Officers, Non-Medical Supervisors, Para Medical Workers, Laboratory Technicians. The achievement of the Institute in providing training and referral services has been satisfactory. The other operational field research components require improvement.

6.27.3 The budget estimate for the year 1993-94 is Rs. 1.15 lakh (Plan) and Rs. 24.20 lakh (Non-Plan).

6.28 Regional Leprosy Training and Research Institute, Gouripur, Bankura, West Bengal

6.28.1 This Institute was established in the year 1984 with the objective of providing training to leprosy staff, referral services to leprosy patients and operational field research in leprosy. After negotiations in the late 70's Government of India and Government of West Bengal has signed an agreement in December, 1983 to set up this Institute by handing over the building and hostel to the Central Government by the State Government. The handing over the building and the land has not been completed. The State Government and the employees continue to occupy the premises. The Institute at present has a hospital with 50 bed capacity for admission of patients and it also provides OPD services. One lakh field area population has been adopted for demonstration of field work to the trainees. The hostel accommodation is very limited to accommodate eight trainees at a time. Out of 13 sanctioned Group 'A' faculty posts, 4 are vacant. The Institute is providing training to the Para-Medical Workers, Non-Medical Supervisors and Laboratory Technicians. Special training courses for Medical Officers are also arranged occasionally.

6.28.2 The budget estimate for the year 1993-94 is Rs. 41.30 lakh (Plan and nil under Non-Plan)

6.29 Raj Kumari Amrit Kaur College of Nursing, New Delhi

6.29.1 The Raj Kumari Amrit Kaur College of Nursing, New Delhi was established in 1946 as a subordinate organisation of Ministry of Health and Family Welfare. It is a teaching institution and affiliated to University of Delhi. It conducts under-graduate and post-graduate courses in Nursing. Besides, the College also provides advisory and consultative services on nursing education matters to States, Union Territories and to some of the developing countries too.

6.29.2 The College conducts a 4 Year Course in B.Sc.(Hons.) Nursing; a 2 - Year Course in Master of Nursing; 1-Year Post Master's Course in M. Phil in Nursing; a Post Certificate Programme (Diploma in Nursing Education and Administration) of 10 months duration and Short-term Courses of continuing Education for Nurses in service.

6.29.3 One Nursing faculty from Rajkumari Amrit Kaur College of Nursing has also got herself registered with the University of Delhi for undergoing Ph.D. Nursing Programme w.e.f. February, 1992.

6.29.4 During the year 1993-94 the college admitted 47 students in B.Sc.(Hons.) in Nursing, 16 in Master of Nursing, 40 in Diploma in Nursing Education and Administration; and 2 (1 in Full-time) and (1 in Part-time) in M.Phil Nursing.

6.29.5 Being a subordinate organisation of the Government of India the whole financial funding in running of its establishment rests with the Government. The Budget provision for 1993-94 for the college is, Rs.30 lakh in Plan side Rs.106.00 lakh in Non-Plan side.

6.29.6 The College is designated as a WHO collaborating Centre for Nursing Development and works in collaboration with Institutions of Higher Education in Nursing and other related health organisations.

6.29.7 The Rajkumari Amrit Kaur College of Nursing has a Sub-Centre at Chhawla Village, about 35 Kms. away from the college which serves a population of about 12,000 and is also used as a Rural field Teaching Centre for training nursing students of all the programmes offered by the R.A.K. College.

6.29.8 The Centre also receives students from all over India for training in Rural Health Services. Regular clinics, health education programmes, short courses in First-Aid Home Nursing, Dais Training etc. are also conducted by the Nursing Faculty posted at the above Centre. The students and staff stay at the Centre round the year to fulfil the health and educational requirements of population and students.

6.30 Rural Health Training Centre, Najafgarh

6.30.1 The Rural Health Training Centre, Najafgarh, is a subordinate office under the Directorate General of Health Services which renders services, viz., (i) Primary Health Care; (ii) Training; and (iii) Conducts Field Studies.

6.30.2 Under the primary health care, services like immunisation, maternity and child health, family welfare, emergency services, malaria control services, etc. are provided to the community through indoor and out-patient departments and through domiciliary visits. These services are provided through the three Primary Health Centres at Palam, Ujwa and Najafgarh. (The Primary Health Centre at Palam along with its four Sub-centres continues to be under the technical control of Lady Hardinge Medical College, New Delhi).

6.30.3 In addition, the community is also educated for family welfare activities, immunization and other health programmes. Education is provided through film shows, baby shows, exhibitions, discussions and

seminar and other entertainment programmes.

6.30.4 *Training :* During the year 1993-94, six weeks training was given to 211 medical interns of Lady Hardinge Medical College and Safdarjung Hospital under Re-orientation of Medical Education Scheme. Four weeks and two weeks training courses were conducted for Nurses under General Nursing and Public Health Nursing Scheme and training was imparted to students for ANM Courses. In all 336 Nurses were trained under these schemes. 432 trainees were trained under Community Health Nursing. 40 Female Multipurpose Health Workers were also trained at ANM Training School. 12 candidates were trained under the scheme for promotional course from ANM to LHV (4 weeks).

6.30.5 *Field Studies :* Four field studies were conducted during the year 1993-94. Six teams from abroad and one team each from J.N.U., C.H.E.B., Lady Irwin College, New Delhi, visited the RHTC, Najafgarh, during the year 1993-94.

6.31 Lady Reading Health School, Delhi

6.31.1 Lady Reading Health School is considered as one of the pioneering institutions and first of its kind for training of Health Visitors. The School aims at providing training facilities to various categories of nursing personnel and also caters M.C.H. Services through the attached Ram Chand Lohia Infant Welfare Centre.

6.31.2 The Institution is imparting the following courses at present:

6.31.3 *Diploma in Public Health Nursing:* This course is of 10 months duration with a total admission capacity of 40 students.

6.31.4 *Certificate course for Health Workers (Female) under Multi-purpose Workers Scheme*: This course is of six months duration. Students are admitted twice a year. The admission capacity for this course is 20 in each session. Twenty candidates are enrolled at present in the July, 1993 session.

6.31.5 *Auxiliary Nurse-cum-Midwife course under 10+2 vocational scheme*: This course is affiliated to Central Board of Secondary Education. All the sixteen students of class XI of this course were promoted to class XII while one student left the training. Eighteen students of class XII appeared in the examination conducted by C.B.S.E. out of which five passed, nine failed and four students got compartment in English. Seventeen candidates were admitted to class XI (Vocational Course) this year.

6.31.6 Students are having their field experience in health centres in different hospitals and institutions in Delhi.

6.31.7 The Ram Chand Lohia Infant Welfare Centre attached to this institution served a two-fold purpose viz. providing M.C.H. and Family Welfare Services including domiciliary mid-wifery services and immunisation to a population of over 45,000 and training to the students of this institution.

6.31.8 This institution conducts health education programme for the community in the M.C.H. Centre as well as in the area in the form of exhibition role play, group discussion, puppet shows etc. special Adult Literacy Drive. World Population Day and Breast Feeding Day were celebrated within the Ram Chand Lohia Centre as well as in the community. Exhibition and Health Education were the most important events of the programme. Baby-shows held for the children of the community and prizes were awarded.

6.31.9 The Institution assists in the training programme of other agencies also. Public Health Nursing students from Calcutta, T.B.

Health Visitors from New Delhi, T.B. Centre, Orientation Group of students from S.T.D. Centre, Safdarjung Hospital, New Delhi are among them.

6.31.10 Total budget for the institution and Family Welfare Staff is Rs.29,50,000 to this year.

6.32 National Institute of Communicable Diseases, Delhi

6.32.1 *Objectives:* The Institute was established in July 1963 by expanding and re-organising the activities of the erstwhile Malaria Institute of India with the following objectives:

i) To undertake basic and applied research on all aspects of Communicable Diseases.

ii) To provide guidelines in the planning of epidemiological Services organising field investigations of communicable Diseases out-break and suggest control measures.

iii) To organise training programmes at National and International level for raising trained man-power for programme management and augmentation of research.

6.32.2 *Organisation*: The above mentioned objectives of the Institute are being achieved by carrying out activities through seven divisions namely, Bio-Chemistry, Epidemiology, Heiminthology, Medical Entomology and Vector Control, Microbiology, Training and Malariology and Zoonosis. Besides the Institute has eight field stations in different parts of the country viz. South India Branch, Coonoor (T.N.), Malaria Research Field Station Jagdalpur (Madhya Pradesh), Kala-Azar Unit, Patna (Bihar), Field Practice Unit, Alwar(Rajasthan), Plague Surveillance Unit, (Bangalore, Karnataka) and three Regional Filaria Research & Training Centres each at Calicut (Kerala), Rajahmundry (Andhra Pradesh) and Varanasi (Uttar Pradesh).

6.32.3 *Training Courses:* The Institute has been rendering pioneering services in the development of trained man-power in respect of various communicable diseases and control measures thereof by way of organizing various courses viz. Malaria, Malaria Entomology, Vector Biology and Control Epidemiology, Diarrhoeal Diseases, AIDS, Expanded Programme of Immunization etc. These courses attract national and international participants. Scientists in these fields are brought together to get acquainted with the recent development by organizing workshop and seminars funded by WHO, UNICEF as well as National Government.

6.32.4 Some of the important trainings conducted by the Institute during the period under report are field epidemiology training course, International training course in field epidemiology, training course on vector biology and control and a short term course in Medical Entomology.

6.32.5 *Epidemiological Investigations:* Some of the significant investigations carried out during 1993-94 were:

i) Investigation of outbreak of Gastroenteritis in Andhra Pradesh, Karnataka, Haryana and Delhi Municipal Area;

ii) Investigation of the recent report on BCG associated adenitis in All India Institute of Medical Sciences, New Delhi;

iii) Assessment report on the prevalence of Communicable Diseases with particular reference to J.E. in Gorakhpur Division of U.P.; and

iv) Epidemiological investigation of Handigudu disease in Karnataka - A case study.

6.32.6 *Applied Research:* The Institute conducted some significant research projects on outbreak of Cholera due to V.Choleral non 01 in parts of Karnataka, U.P., Andhra Pradesh and Delhi on efficacy of DPV and measles vaccines in Bombay and Bhopal and on epidemiology of poliomyelitis in Delhi during the period under report. The Institute has also been carrying out studies and surveys on Malaria, Dengue, Kala-azar, J.E. and measures to control these diseases.

6.33 Guinea Worm Eradication Programme

6.33.1 Being the nodal agency for GWEP in India, the Division of Helminthology, NICD Delhi Plans, Coordinators, guides and evaluates the programme in the country. The implementation of the programme is carried out by the Guineaworm endemic states namely Andhra Pradesh, Gujrat, Karnataka, Madhya Pradesh, Maharashtra and Rajasthan. In 1992 the programme has achieved 97% reduction in the annual incidence of GW cases from 39792 in 1984 (start of GWEP) to 1081. Similarly a 90% reduction in the number of guineaworm affected villages from 12,840 in 1984 to 1244 in 1992 has been achieved.

6.33.2 *Microbiology*: Microbiology division is a composite unit consisting of section on Virology, Bacteriology, Mycology and Quality Control of vaccines. This division conducted referral diagnostic services for various communicable diseases such as AIDS, viral hepatitis, poliomyelitis, Measles and other enteroviruses, the RDRCH complex, meningitis, Acute Respirator infections, cholera and gastroenteritis and fungal infections Kits and diagnostic reagents to other surveillance centres under the AIDS and Hepatitis programmes, teaching materials/Technical literature/ laboratory manuals, to other institutions were supplied by this Division.

6.33.3 *Malaria Research*: Action has been initiated in June, 1993 by this Division to develop a District Microplan for control of Malaria in Distt. Shahjanhanpur, U.P. Similarly, studies have also been initiated on the impact of pattern of eco-system on malaria situation in low lying areas of Sikkim.

6.33.4 *Zoonosis:* Currently studies are being carried out on following Zoonosis diseases; Salmonellosis, Toxoplasmosis, Arboviruses and Leptospirosis, Brucellosis, Hydatidosis, Plague, Rabies and Visceral.

6.34 Central Research Institute, Kasauli

6.34.1 Central Research Institute, Kasauli is a pioneer Institute for the production and quality control of immunobiologicals, vaccine related research, teaching and for imparting training to trainees from not only India but also South and South-East Asian countries.

6.34.2 Besides these activities this Institute is also a referral centre for treatment/management of dog bite and snake bite cases and acts as a consultancy centre for Hydrophobia cases, referred from various parts of Northern India.

6.34.3 *Production of Immunobiologicals:* Last year the Institute successfully met all the production targets of immunobiologicals including EPI vaccines entrusted to it by the Government of India. The targets for various immunobiologicals and their actual supply figures for the year 1992-93 and 19933-94 are given on next page.

TARGETS FOR VARIOUS IMMUNOBIOLOGICALS AND THEIR ACTUAL SUPPLY FIGURES FOR THE YEAR 1992-93 AND 1993-94

Name of the Product	*1992-93*		*1993-94*	
Immunobiologicals	*Targets*	*Supply Figures*	*Targets*	*Supply Figures*
Triple Vaccine	240 Lakh doses	2,22,44,390 doses	240 Lakh doses	53,71,680 doses
D.T. Vaccine	200 Lakh doses	1,77,33,740 doses	200 Lakh doses	50,06,840 doses
T.T. Vaccine	270 Lakh doses	2,94,11,160 doses	270 Lakh doses	92,13,220 doses
T.A. Bivalent	12 Lakh doses	16,49,300 doses	12 Lakh doses	6,86,130 doses
T.A. Children	10 Lakh doses	5,30,340 doses	10 Lakh doses	1,74,930 doses
A.K.D. Bivalent	--	99,680 doses	--	12,880 doses
Cholera Vaccine	50 Lakh doses	45,41,100 doses	50 Lakh doses	20,75,010 doses
A.R.V. (Human)	60 Lakh ml.	62,91,785 ml.	60 Lakh ml.	35,56,725 ml.
J.E. Vaccine	20 Lakh doses	24,570 doses	20 Lakh doses	12,57,465 doses
Yellow Fever Vaccine	0.25 Lakh doses	32,002 doses	0.25 Lakh doses	21,119 doses
CAVS (Liquid/dry)	6 Lakh ml.	2,60,570 ml.	7 Lakh ml.	1,08,000 ml.
A.R. Serum	0.7 Lakh ml.	91,230 ml.	0.70 Lakh ml.	47,890 ml.
T.A.T.S. 1500 IU	125 Mega Unit	2,165 Vials	125 Mega Unit	1,228 Vials
T.A.T.S. 10,000 IU	125 Mega Unit	4,148 Vials	125 Mega Unit	1,792 Vials
D.A.T.S. 10,000 IU	125 Mega Unit	2,571 Vials	125 Mega Unit	2,088 Vials
Normal Horse Serum	1 Lakh ml.	23,720 ml.	1 Lakh ml.	6,100 ml.
Diagnostic Reagents	3 Lakh ml.	2,51,800 ml.	3 Lakh ml.	1,32,235 ml.

* Supply Figures upto 31st October, 1993.

6.35 Quality Control of Immunobiologicals

6.35.1 The erstwhile Biological Standardisation and Quality Control Division which had been monitoring the quality of immunobiologicals (produced by CRI and other Institutes) was split into two independent divisions in April, 1993.

1. Quality control Division of CRI
2. Central Drugs Laboratory.

Quality Control Division

This Division has been entrusted with:

(a) Final Quality Control Tests on Immunobiologicals.

(b) Scrutiny of production/quality control protocols.

(c) Updating the instruction leaflets and lables of immunobiologicals produced at the Institute.

(d) Survellance of good manufacturing pratices in various production units of the Instiute.

6.35.2 *Central Drugs Laboratory*: This Laboratory was set up with an aim to keep strict vigilance and to ensure the quality of immunobiologicals in concordance with the Drugs and Cosmetics Act, 1940, produced by various manufacturing units in India and those imported in the country. It reveives these samples from Drugs Control Authorities throughout the country. It will continue this activity till National Instt. of Biologicals, NOIDA, becomes functional.

6.35.3 To maintain uniformity in the production of immunobiologicals in the country, National Reference Standards are prepared, standardized and supplied periodically to the various manufacturing institutions.

6.35.4 *Research and Development:* At the National Salmonella and Escherichia Centre, final identification of these organisms is done and also Diagnostic Reagents and Antisera are prepared and supplied to the indentors.

6.35.5 There are several ongoing vaccine related research projects. Of these the major project is, "Production of Rabies Tissu Culture Vaccine in VERO Cell Line".

6.35.6 *Teaching and Training Activites:* The Institute is conducting regular courses of B.Sc., M.Sc. and Ph.D. Microbiology in accordance with statutes/regulations of Himachal Pradesh University. In addition it conducts group educational activities in the form of regular refresher programmes for medical veterinary and scientists working in different institutions in India and neighbouring countries.

6.36 Pasteur Institute of India, Coonoor

6.36.1 The Pasteur Institute of India, Coonoor is engaged in conducting research in Rabies, Influenza and other respiratory virus infections etc. and in the production of life-saving anti-rabies and DTP group of Vaccines.

6.36.2 *Anti-rabies Vaccine*: The annual production of anti-rabies vaccine undertaken by the institute out of its own resources, is around 48.0 lakh ml. The institute has supplied during 1992-93, 43.13 lakh ml. of anti-rabies vaccine for treatment of human patients and 3.23 lakh ml. for the treatment of animals. During 1993-94 (upto Aug.93), the institute has supplied 22.99 lakhs ml. of anti-rabies vaccine to various States and to the WHO for supplies to Nepal. The institute has also taken up the pilot project for production of Tissue Culture Anti-rabies vaccine with the help of WHO/UNDP Aid. The relevant studies in this regard have been completed and this vaccine will be made available for human pre-exposure and post exposure treatment in our country shortly. Six consecutive batches of freeze dried Tissue Culture Rabies vaccine for human use

have already been tested by the quality control unit of CRI, Kasauli and declared as satisfactory. This vaccine has also been tested in the institute itself and found satisfactory. The D.C.I. has given permission to release this vaccine for human use.

6.36.3 *DTP Group of Vaccines*: The institute has been producing DTP group of vaccines for the National Expanded Programme of Immunisation with 100% grant-in-aid from the Govt. of India and supplying these vaccines to various States.

6.36.4 Details of vaccines supplied to various States for EPI during the last three years are as under:

DETAILS OF VACCINES SUPPLIED TO VARIOUS STATES FOR EPI PROGRAMME

(Figures in lakh doses)

Vaccine	*1991-92*	*1992-93*	*1993-94 (upto 30.09.93)*
DPT	150.40	167.60	56.35
DT	86.09	71.20	45.11
TT	9.70	117.40	33.93

6.36.5 *New Activities: (a) Testing of Oral Polio Vaccine and measles Vaccine:* The institute has established the quality control division within the institute for testing oral polio vaccine and measles vaccine.

6.36.5(b) *Establishment of WHO Collaborating Centre for Rabies:* The institute has also been designated by the WHO as a "WHO Collaborating Centre for Training in Rabies vaccine production and control for a further period of 4 years upto 1995.

6.36.5*(c) Recognition for Ph.D. Programme by Bharathiar University:* The institute is provisionally affiliated to the Bharathiar University for conducting Ph.D. Programme.

6.37 Central Institute of Psychiatry, Ranchi

6.37.1 The Central Institute of Psychiatry set up in 1918 is directly under the control of the Directorate General of Health Services and Ministry of Health and Family Welfare, New Delhi and serves the needs of people from all over India and the two neighbouring countries of Nepal and Bhutan. It conducts Post-Graduate courses in Psychiatry, Clinical Psychology, Psychiatric Social Work and Psychiatric Nursing, leading to the qualifications of M.D., D.P.M., in Psychological Medicine, M.Phil in Clinical Psychology and Psychiatric social work, Ph.D in Clinical Psychology and DPN in Psychiatric Nursing. In addition, being situated in a major tribal area of the country, it meets the needs of tribal people of this region.

6.37.2 *The Institute has five fold activities; namely*:

(i) To provide diagnostic, therapeutic and rehabilitation services to the mentally ill both at primary health care and institutional level;

(ii) To provide Post-Graduate psychiatric training in the field of Psychiatry and allied fields like Clinical Psychology, Psychiatric Social Work and Psychiatric Nursing;

(iii) To conduct research in behavioural sciences;

(iv) To extend mental health services to the rural tribal area; and

(v) To impart training in behavioural sciences to the medical and para-medical personnel from other organisations.

6.37.3 The hospital provides the full range of psychiatric facilities to patients of all age groups. In addition to the 643 inpatient beds, it has family therapy units functioning in the cottages outside the hospital.

6.37.4 It has a well equipped Occupational Therapy Department which imparts training in occupational skills to the patients in areas like carpentry, weaving, painting, cane work, tailoring etc. Recreational activities like games, films and social events. Religious instructions and services in the different faiths are parts of regular treatment.

6.37.5 *Psychiatric Services*

6.37.5 (i) *Community Psychiatry*: Services in the community at two centres-one in a West Bokaro industrial area and the other at public sector Coalfield Hospital, were started in 1988 are continuing. Besides, consultancy psychiatric service at a voluntary organisation day care centre (Deepshikha) for mentally handicapped in Ranchi City is provided.

6.37.5 (ii) *Rural Mental Health Clinic*: In keeping with the National Mental Health Programme policy of providing minimum mental health care to all and specially vulnerable and underprivileged sections of the populations, a clinic is run in a rural area 40 km away from the Institute, once a week. Besides providing psychiatric services to the patients, the visit to this clinic is utilised to disseminate mental health knowledge to PHC doctors, MPHW Village Health Guides and Community leaders.

6.37.5 (iii) *Psychiatric Services at the Institute:* The figures for out-patient and inpatient services for the period from 1st April, 1993 to 30th September, 1993:

(a) *Out-patient Attendance*:

	New	*Old*	*Total*
Adult	1908	6027	7935
C.G.C.	184	462	646
Total	2092	6489	8581

(b) *In-patient Services:*

Total Admission :	926
Total discharge :	902

6.37.6 Various research projects have been taken up during the year.

6.37.7 The budget provision for Central Institute of Psychiatry, Ranchi is Rs. 1.40 Crore for Plan and Rs. 2.76 Crore for Non-Plan for the year 1993-94.

6.37.8 The Institute has celebrated its Diamond Jubilee this year in May, 1993.

6.38 National Institute of Mental Health and Neuro-sciences, Bangalore

6.38.1 The National Institute of Mental Health and Neuro-Sciences (NIMHANS) was established in December, 1974 as an autonomous Institution registered under the Societies Registration Act. This institute is a joint enterprise of Central Government and the Government of Karnataka.

6.38.2 NIMHANS serves the mentally and neurologically ill persons, generates manpower and conducts research in the field of mental health and neuro-sciences. It endeavours to take the developments in the laboratory to the community.

6.38.3 *Hospital Services:* A total number of 53,966 patients were screened for treatment

of psychiatrically, neurologically and neurosurgically ill patients. There has been significant increase in registrations and follow ups.

6.38.4 *Academic Activities:* The Institute is affiliated to the Bangalore University and 77 candidates were awarded Ph.D., M.Phil degrees and diplomas during the year.

6.38.5 *Research*: Research has been a priority area in the Institute. During the period under report 14 Research projects have been completed and 12 new projects have been taken up in the Institute.

6.38.6 *Epidemiology of Head Injuries*: To establish the incidence, cause, nature and outcome of head injuries, an epidemiological study was undertaken in NIMHANS. About 2,897 head injury patients were interviewed by trained investigators from 7 major hospitals of the city during the period September, 1991 to February 1992.

6.38.7 *Study for re-introduction of helmets and organising Seminars, Symposium and Workshops:* The Institute has conducted the study for re-introduction of helmets compulsorily with effect from 1st October, 1993 in Karnataka and has also organised several Seminars, symposium and workshops during the period under report.

6.38.8 *Networking of CD-ROM(CDNET):* The proposal for networking of CD-ROM through novel LAN with 10 accessed terminals has been accepted by NIMHANS. The database to be installed are ENBA-SE-Psychiatry,EMBASE-Neurosciences,PsyLIT and citation index neuro-sciences. This is considered to be a fulfledged bibliographical as well as full text database for bibliographical literature search service.

6.38.9 *Battery-operated vehicles:* With the approval of the Finance Committee two battery operated vehicles have been introduced in NIMHANS for carrying out the activities of laundry, kitchen, drugs, stores, hospital necessary stores etc.

6.38.10 *Budget:* The Budget provision for NIMHANS for the year 1993-94 are as follows:

Plan	- Rs.550.00 lakh
Non-Plan	- Rs.900.00 lakh
Total	- Rs.1450.00 Lakh

6.38.11 The Plan as well as Non-Plan expenditure is shared by the Central Government and the Government of Karanataka. 75% of the Plan expenditure is borne by the Central and the Government of Karnataka bears the balance 25%. Similarly 45% of Non-Plan expenditure is borne by the Central Government and 55% by the Government of Karnataka.

6.39 All India Institute of Speech and Hearing, Mysore

6.39.1 The All India Institute of Speech and Hearing was established in the year 1965 and was registered as an autonomous body in the year 1966.

6.39.2 The important objectives of the Institute as enshrined in the Memorandum and Articles of Association are:

6.39.2 (i) *Training* : To provide and assist in imparting general professional and technical education and training in speech and hearing for graduate, post-graduate and doctoral degree (Speech & Hearing) courses of Mysore University.

6.39.2 (ii) *Research* : To provide and assist in making available facilities and encouragement to research in Speech & Hearing their disorders and the concerned diseases of the Ear, Nose and Throat.

6.39.2 (iii) *Clinical Services* : To provide and assist in providing clinical and surgical services for those with speech and hearing handicapped and ear, nose and throat diseases.

6.39.2 (iv) *Public Education* : To educate the Public about persons with communicative disorders.

6.39.3 During the year 1993-94, the following activities have been undertaken:

6.39.3 (i) *Training* : The modified syllabus for B.Sc. and M.Sc. programmes has been implemented from the academic year 1993-94. Twenty three independent project reports and twenty two dissertations prepared by the first and second M.Sc. students of the Institute were submitted to the University. The staff of the Institute was given training in using the computers installed in various departments.

6.39.3 (ii) *Clinical Services* : During the period 01.04.1993 to 30.09.1993, 4295 new patients were registered. Various sophisticated equipments received from the WHO were put to use, like Madsen OB 822, GSI 33 Immitence Audiometer, Salt Software, GSI middle ear analyser etc. Thereafter Tactaid IIT, Receivers for hearing aids from Optical Co., Denmark, K.9 installation etc. were also purchased and put to use. 40 major and 23 minor faulty equipments were repaired. Further 70 major and 40 minor electrical repairs were undertaken. Software prepared for the use of the blind by the BRS are controlled at the Institute.

6.39.3 (iii) *Collaborative Projects*: Collaborative activities were carried out with the Institution/ organisations namely CIPET, Mysore FPAI, Mysore, IIT, Madras, NCERT, New Delhi, Deptt. of Electronics, Govt. of India etc.

6.39.3 (iv) *Construction Activities* : Plans are afoot for construction of a guest house. Ladies Hostel extension work is in progress.

6.39.4 *R & D :* A proposal on the fabrication of F.M. hearing aids and submitted to the Ministry of Welfare, Government of India.

6.39.5 *Grants from Government of India*

Plan : Rs. 55.00 lakh
Non-Plan : Rs. 75.00 lakh

6.40 Indian Council of Medical Research

6.40.1 The Indian Council of Medical Research is an autonomous body which promotes, formulates, conducts and coordinates biomedical research programmes. During the year 1993-94 its major activities under different heads included the following:-

6.40.2 *Malaria:* Field researches supported by laboratory investigations have been strengthened. Studies are being carried out on sibling species complex of important vectors, on methods of personal protection, repellents, malaria parasite bank, seroepidemiology, anophline fauna and immunological studies.

6.40.3 To overcome the emerging problems of insecticidal resistance in vectors due to certain ecological changes conducive to mosquito breeding, and drug resistance in *P.falciparum* malaria, alternative strategies like bio-environmental methods were evolved. These strategies are being tested under the Science & Technology project by ICMR's Malaria Research Centre (MRC), Delhi at 12 different geographical sites in the country. In this strategy insecticides are not used at all or are used in special circumstances only.

6.40.4 *Filariasis:* Lymphatic filariasis has been a major thrust area of research for Council's Vector Control Research Centre, Pondicherry and Regional Medical Research Centre (RMRC) Bhubaneshwar. Demonstration of community oriented filariasis control programme has been carried out by VCRC, to contain the malayan filariasis problem in the coastal belt of Kerala. Continuity of the programme is assured by transferring the technology to the community and by making vector control a by-product of income generating schemes.

6.40.5 At RMRC, Bhubaneshwar, efforts

have been made for development of an immunodiagnostic assay method for detection of filarial infection in asymptomatic microfilaria carriers.

6.40.6 The VCRC, Pondicherry is undertaking field trials on the biological control of mosquitoes using *B. sphericus* which is a highly specific larvicide for certain mosquitoes especially *Culex quinquefasciatus* in polluted breeding habitats.

6.40.7 *Leishmaniasis:* For effective control of kala-azar, the council is utilising its research capabilities for efficient case detection, early diagnosis and prompt treatment of the patients of kala-azar. Studies are being undertaken on alternate drugs like ketokonazole and alternate therapies for management of cases of kala-azar. The role of administering gamma interferon in patients who do not respond to pentavalent antimony is also being evaluated.

6.40.8 Studies are on going to assess the effect of conventional antileishmanial drugs on immunological profile and to understand the pathogenesis of the disease and role of calcium ions in defense mechanism of macrophages.

6.40.9 *Viral Diseases:* Epidemiological, virological, molecular biological and immunological studies on various viral diseases viz. hepatitis, Japanese encephalitis (JE), dengue fever, measles, rubella and influenza were continued at Council's National Institute of Virology (NIV), Pune.

6.40.10 Outbreaks of JE and dengue in neighbouring districts were investigated. Diagnostic tests are being developed for non A - non B hepatitis. Primers and probes have also been synthesised for the detection of HCV by polymerise chain reaction.

6.40.11 ELISA kits for the detection of rotaviruses, JE and hepatitis A have been prepared at the NIV, Pune.

6.40.12 In studies conducted at the ICMR's Enterovirus Research Centre (ERC), Bombay, and CME, Vellore intensification of vaccination activities, resulted in steady decline in the incidence of paralytic poliomyelitis.

6.40.13 An effective surveillance system has been established which incorporates monitoring of vector density and serological evidence of virus activity in sentinel animals at ICMR's Centre for Research in Medical Entomology (CRME), Madurai.

6.40.14 A strategy has been tested for vector control combining water management with use of neem coated urea. Results have suggested that combining the two methods would be preferable.

6.40.15 Tuberculosis is a common pathogenic infection in HIV infected persons. Long term follow-up studies have been initiated in subjects with HIV infection for evidence of development of tuberculosis, and also for development of HIV infection in tuberculosis patients.

6.40.16 To spearhead India's research efforts on HIV/AIDS a National AIDS Research Institute (NARI) was established in October 1992 by the Council in Pune. The Institute would be undertaking multidisciplinary studies on HIV infection.

6.40.17 The preparation for AIDS Vaccine Evaluation (PAVE) project is a collaborative programme involving NARI, Pune and John Hopkins School of Medicine, Baltimore, USA. characterization of the HIV virus (es) and trial of vaccines appropriate for the local situation will be undertaken.

6.40.18 *Tuberculosis:* The Council has undertaken operational studies to evolve methodologies suitable for application in National Tuberculosis Programme to strengthen it and improve its efficiency. Case finding and case holding are two important components for improving the programme. Towards this objective, different strategies to suit the local conditions

are being tried.

6.40.19 Feasibility of using split-dose double drug combination administered on alternate days during an initial intensive phase of two to three month appears to be promising. However, long-term follow-up is necessary; to confirm their efficacy. Studies are underway to standardise diagnostic criteria and to study the feasibility of short course chemotherapy in cutaneous tuberculosis.

6.40.20 Epidemiological studies to evaluate the annual risk of infection as a tool for monitoring the time-trends of the disease are being carried out. A methodology for the surveillance of tuberculosis is being developed.

6.40.21 *Leprosy:* The main thrust of research in leprosy is to reduce the infection load in the community by introducing effective Multi Drug Therapy (MDT), and testing appropriate vaccines against leprosy. The efficacy of different MDT regimens has been established. Presently a WHO sponsored field trial of loxacin in paucibacillary leprosy is being undertaken. Two comparative leprosy vaccine trials against leprosy were launched under the aegis of ICMR to determine the protective efficacy if any, of the available candidate vaccines. In the first trial a comparative evaluation of ICRC and BCG vaccines is being undertaken by Cancer Research Institute, Bombay in the State of Maharashtra. Another trial using ICRC, M.w. (developed by National Institute of Immunology, New Delhi), killed *M.leprae* with BCG (WHO), BCG and normal saline has been launched in the State of Tamil Nadu by CJIL Field Unit, Avadi. A combination of multidrug therapy with immunotherapy M.w. is also showing promising results.

6.40.22 *Diarrhoeal Diseases:* In recent years through studies conducted at National Institute of Cholera and Enteric Diseases (NICED). Calcutta it has become evident that more than 50% of diarrhoea cases are due to non watery diarrhoea, where ORS would have a limited role in management of dehydration. Dependence on ORS only, therefore, seems inadequate.

6.40.23 A phage typing scheme for *V.cholerae* 01 biotype ElTor has been developed at NICED, Calcutta by which 1000 strains could be clustered into 27 types, giving a cent percent typability.

6.40.24 With the objective of developing an effective immunogen, N-acetyl-D-glucosamine specific hemagglutinin (HA) - adhesin - from *V. cholerae* 01 was isolated and purified for the first time in India.

6.40.25 With a view to develop a better vaccine for typhoid a study was carried out to isolate and purify porins from the outer membrane of *Salmonella typhi*.

6.40.26 *Health Services Research:* Study conducted on strengthening of health education services evolved a system of implementing the health education programme through the existing health infrastructure. The survey gave an insight into population characteristics, knowledge, attitude and practices related to health and communication methods.

6.40.27 Studies have been carried out by the Regional Medical Research Centre for Tribals, Jabalpur on socio-cultural, and demographic aspects, health seeking behaviour, status of women and economic aspects of health care in view to have an indepth understanding of specially primitive tribes in different parts of MP.

6.40.28 *Contraception and Reproductive Biology:* Council's research efforts in contraception include a judicious mixture of basic, clinical and operational research aimed to meet the needs of the women today and during the 21st century.

6.40.29 During the year, studies exploring the potential of the use of inhibin for fertility regulation both in males as well as females

and tamoxefen on a male contraception were undertaken.

6.40.30 Under the Task Force Programme on Immunodiagnostics, kits were developed for reproductive hormones - peptides and steroid.

6.40.31 The Task Force on product development is focusing its attention on indigenisation of CuT 200 IUD production with the help of industry. The Council and IPCL, Baroda are exploring the possibility of substituting presently imported raw material used for the production of CuT 200B components with the materials available within India.

6.40.32 Council's Clinical trials have shown that Norplant is a safe and effective contraceptive pre-programme logistic study with norplant II in A, B, C post-partum centres showed that efficacy and local side effects were similar to those seen in the Phase III clinical trials. However, the removal rates for menstrual irregularities were higher indicating that there is a need for strengthening counselling services prior to Norplant insertion in these centres. It was also noted that these women were not followed up according to the schedule suggesting that there is a need to improve provision for follow up care services in these centres.

6.40.33 The Council initiated a clinical trial to find out a suitable dose of RU486 and prostaglandins for non-surgical MTP in Indian women. The results show that use of RU486 200mg. followed by 5 mg. of 9-methylene PGE2 vaginal gel is as effective as RU486 600 mg followed by 3 or 5 mg. of 9-mathylene PGE2 gel for termination of pregnancies within 28 days of missed period. The success rate was 94.5% and 89.6% in women with 7-14 days and 15-28 days of missed menstrual period respectively. There were no serious side effects, immediate and delayed complications were very few and could readily be tackled.

6.40.34 Feasibility of developing a non-surgical reversible method of male contraception using the injection of polymer styrene maleic anhydride (SMA) into the lumen of the vas deferens has been initiated. Studies in rodents and rhesus monkeys have shown intravasal injection of SMA provides a safe, effective and reversible method of contraception. A Phase I clinical trial on human suggests that the method is safe and is not associated with major side effects. A Phase II clinical trial is being planned.

6.40.35 *Maternal and Child Health:* In the field of MCH the Council had undertaken operational research studies on improving quality and coverage of MCH care within the existing health care infrastructure.

6.40.36 An intervention study to improve quality and coverage of MCH/FP services is currently ongoing in 31 HRRCs. Interim analysis of 2 year data has shown that by training, improvement of MIS and guidance in implementation of programme, the existing infrastructure at PHCs can be catalysed for substantial improvement both in coverage and quality of MCH/FP care provided at the primary health centre. The Council has also carried out studies on use of at risk approach for providing appropriate care tailored to meet the needs of women and children.

6.40.37 Psycho-social research studies aimed at improved community participation in providing care for women and children through innovative intervention strategies are underway. An attempt is also being made to improve the pregnancy outcome through the provision of pre-natal screening and genetic counselling services at the district hospitals.

6.40.38 A study has been initiated in 31 centres to develop a database to study trends in some selected indicators of maternal health through compilation of routinely collected hospital information.

6.40.39 *Nutrition:* Research efforts of the Council in nutrition and allied areas include studies on maternal and child nutrition, body

composition and energy metabolism, diet related diseases like diabetes and cancer, and nutrition interventions. Studies to identify food toxins and food contaminants and adulterants are also underway.

6.40.40 Evaluation of the mid day meal programme showed that the supply of meals was satisfactory only in 64% of the schools. Inadequate food supplies, poor storage and transport facilities were some of the identified bottlenecks.

6.40.41 Feasibility studies have shown that linking vitamin A distribution with measles vaccine could provide an additional dose of the vitamin to infants between 9-12 months. However, DPT/polio booster coverage is low in majority of the states and unless special efforts are made to improve this, linking the two programmes may not have any advantage.

6.40.42 In view of increasing use of palm oil in India, the possible effects of its prolonged consumption were investigated in human volunteers. The studies showed that palm oil had no adverse effects on lipid profile or platelet function and can be safely used as a cooking medium.

6.40.43 Chemoprevention is relatively a new area of cancer research. Epidemiological data show that diets rich in antioxidant nutrients reduce the risk of several cancers. An intervention trial was undertaken to evaluate the impact of micronutrient supplementation (Vitamin A, riboflavin, zinc and selenium) on oral precancerous lesions in the high risk group of reverse smokers. Besides the clinical response, the oral epithelial cells showed a significant reduction in DNA adducts and micronuclei of the lesions in the supplemented group, confirming the beneficial impact of macronutrients. This approach in high risk population can modify precancerous significantly and may thus reduce the incidence of oral cancers.

6.40.44 A multicentric study on surveillance of food contaminants revealed high level of contamination of DDT and HCH residues in vobine milk and human breast milk, arsenic, cadmium and lead in infant formula and leafy vegetables; and aflatoxin B in groundnut and maize sample.

6.40.45 *Oncology:* The initiation of the National Cancer Registry Programme (NCRP) in 1981-82, has helped in providing data-base on cancer occurrence in the country. The data generated by hospital cancer registries show that among males, cancers of the oral cavity, pharynx, Oesophagus, lung, larynx, leukaemia and lymphoma were common whereas in females the common sites were cervix uteri, breast, oral cavity and oesophagus. Case control study on oesophageal cancer at Bangalore reported dose response to beedi smoking and tobacco chewing among males.

6.40.46 A collaborative project of NIOH and NCRP on occupational cancer has revealed a significantly high risk of lymphatic and haematopoietic cancer among painters and construction workers, elevated risk of lung cancer among textile workers, welders, metal and wood workers and increased risk of bladder and skin cancer among agricultural labourers.

6.40.47 A feasibility study for prevention and early detection of cervical cancer has shown that after appropriate training the auxiliary nurse midwives (ANMs), village health guides, anganwadi workers, interns and medical officers of PHCs detected precancerous and cancerous lesions of the uterine cervix, by means of clinical downstaging for all married women and by Pap smear screening of women above 35 years and those symptomatic even below 35 years of age.

6.40.48 A study is ongoing at AIIMS on immunological parameters relevant to diagnosis in HPV infected individuals and cervical cancer cases.

6.40.49 The prevalence of reproductive

tract infections (RTIs) were studied in women attending gynaecology OPD. Preliminary observations indicate that 85% women had one or more RTIs and 65% women were positive for multiple infections of lower genitalia.

6.40.50 Studies are ongoing at IRCH, New Delhi and PGIMER, Chandigarh for estimation of cost of management of tobacco related cancers, coronary heart disease (CHD) and chronic obstructive lung diseases (COLD).

6.40.51 During the year analysis of food substances for carcinogenic/mutagenic chemicals was carried out. The studies show that turmeric, mustard and onion are strong antimutagens, pan masala is mutagenic. Unconventional oils and fried food substances were non-mutagenic. Studies showed that iron deficiency predisposes to gastrointestinal cancers. The nitrosamine levels showed high contents in beer, sauces and ketchups, dry fish, salted lime and lemon pickles.

6.40.52 *Cardiovascular Diseases:* Assessment of the prevalence and risk factor profile of coronary heart disease amongst both rural and urban populations revealed that about 30% of men and a slightly higher proportion of women do not have any identifiable coronary risk factor present in them. The proportion of persons who showed the presence of all the four known risk factors was very low. The prevalence of risk factors showed an increase with age. The Council has initiated a network of Centres for Preventive Cardiology.

6.40.53 *Ophthalmic Sciences:* A Centre for Advance Research on Ocular Infections has been initiated at the Guru Nanak Eye Centre, New Delhi. Steps have been initiated for the establishment of an International Chlamydiology Laboratory at Dr. R.P. Centre for Ophthalmic Sciences, New Delhi.

6.40.54 *Mental Health:* During the year, the project on Indicators of Mental Health evolved and tested strategies for psychosocial interventions and has shown consequent improvement in the subjective well being of young women. The collaborative study of narcotic drugs and psychotropic substances has provided data on the pattern of drug abuse, profile of drug abusers and has also evaluated the existing treatment modalities. A drug abuse monitoring system has been developed and tested. Studies at the ICMR's Centre for Advanced Research on Health and Behaviour, Madurai have shown that health education to the HIV infected for prevention of transmissive behaviour is feasible to a modest extent in a clinical setting.

6.40.55 *Geriatrics:* A workshop on the Public Health Implications of Ageing in India was convened by the Council in collaboration with the London School of Hygiene and Tropical Medicine, London and the All India Institute of Medical Sciences, New Delhi. The Workshop provided a forum for obtaining knowledge related to demographic profile, morbidity pattern, utilisation of existing health services and the role of non governmental organisations (NGO) for the care of the elderly.

6.40.56 *Environmental and Occupational Health:* At the National Institute of Occupational Health (NIOH), Ahmedabad, the major thrust of studies have been on the Environmental and Occupational health problems of under serviced working groups. A study of individuals exposed to hexachlorocyclohexane during its manufacture showed need for regular biological monitoring in exposed workers. Indigenously designed hearing protection devices, ear plugs and ear muffs were tested to evaluate comfort. The study yielded comfort grading for the hearing protective devices. A computer model based on data on Indian population has been developed to simulate range of movement of body joints, centre of mass of the body segments, human postures and motions, and biomechanical analysis of postures.

6.40.57 A poison Information Centre has been started at NIOH to provide information

the toxicity of industrial and household chemicals and drugs to the community on demand including a telephonic answering service.

6.40.58 In occupational health care delivery to rural workers through PHC, the major health problems observed among agricultural workers included respiratory morbidity, pesticide toxicity and accidents. In case of non-agricultural workers, the major morbidity was due to respiratory problems.

6.40.59 The Environmental Carcinogen Unit, is continuing the carcinogenicity studies of chemicals. Toxicity screening system using fish larvae and microbial genotoxicity assay system are being developed and standardised.

6.40.60 *Pathology:* Studies have been undertaken on pigment cell biology, pathology of tropical diseases, gynaecological and STD pathology, renal diseases, tumour biology, and trace element analysis in biological tissues.

6.40.61 Studies on patients with melanotic lesions, viz., melanomas, pigmented basal cell carcinomas, seborrhoeic keratosis and repigmenting vitiligo, to assess the melanotrophin dependence of proliferating melanocytes, showed that melanocytes are hormone dependent cells, their proliferation depending on ACTH binding.

6.40.62 Differentiating patterns were studied in primitive neuroectodermal tumours (PNET) including intracranial medulloblastomas, pinealoblastoma, retinoblastomas, soft tissue neuroblastomas and neuroectoderman tumours. The central PNET from the posterior fossa shows patterns resembling early cerebellar differentiation. Areas of glial differentiation were observed in tumours from older age groups. The peripheral tumours show neuroblastoma composed entirely of primitive cells and neuroectodermal tumours showing a biphasic pattern including both neuroblastic and primitive ectoderman cells.

6.40.63 Correlation of steroid hormones (estrogen and progesterone receptors) status with clinical and histological prognostic factors and survival and been studied in patients of breast cancer, to assess their role in differentiation of tumour cells, metastatic potential and disease free and total survival.

6.40.64 Role of serum prostate specific antigen (PSA) in early diagnosis and follow up of patients of prostatic cancer has been evaluated. Serum PSA had been found significant in detecting early cancer and metastasis and for following up the patient.

6.40.65 Studies to assess behaviour of biologically important elements in mycobacterial infections i.e. leprosy and cutaneous tuberculosis, revealed that dermal granulomas and inflammatory cells in different forms of leprosy are poor in copper, zinc and calcium while they show higher levels of magnesium, phosphorus, sulphur and potassium.

6.40.66 *Haematology:* Research was continued in various disciplines such as autoimmune disorders, sickle cell disease, thalassaemia, haemophilia, acute lymphoblastic leukaemia and population genetics.

6.40.67 A total of 2504 subjects of suspected autoimmune collagen vascular disorders were screened for various diagnostic parameters such as anti-nuclear factor antidouble stranded DNA (anti-ds DNA), anti-single stranded DNA, anti-ribonucleoprotein and anti-Smith antigen. Of these, 127 patients completely satisfying the 1982 revised ARA criteria for the diagnosis of systemic lupus erythem,atosus (SLE) were investigated for the presence of idiotypes (Id), anti-ds DNA and anti-idiotypes. The study has indicated that the idiotype and anti-idiotype network has a immuno regulatory role. A higher incidence of anti-idiotypes was seen intreated SLE patients in remission whereas no anti-idiotypes were seen in severe

SLE patients.

6.40.68 A project has been initiated at Valsad (Gujarat) and Nagpur (Maharashtra) with a view to study the variability in clinical expression of sickle cell disease and its association with various genetic factors. Population screening has been done and sickle cell homozygous individuals, identified. The lower levels of HbS found at Valsad suggest that alpha thalassaemia would be more prevalent in Valsad region as compared to Nagpur.

6.40.69 The Council's Institute of Immunohaematology at Bombay has established a facility for the prenatal diagnosis of thalassaemia in the first and second trimesters of pregnancy.

6.40.70 Population screening for identification of the Bombay (Oh) phenotype is ongoing in the Sindhudrug district of Maharashtra.

6.40.71 *Venoms:* In view of high mortality and morbidity due to snake bites, the Council identified different research areas in this topic and constituted a Task Force in 1989.

6.40.72 Results of a study being carried at Jadavpur University, Calcutta indicate that crude venom of the saw viper -Echis carinatus causes significant release of histamine and serotonin from peritoneal mast cells of rat and acetylcholine from small intestine of guineapig in a dose dependent manner. Antiserum raised against whole serum in rabbit was found to be immunologically potent. It protected mice against haemorrhagic activity of venom and provided 16-fold protection.

6.40.73 A study to evaluate plants effective in snake bites is progress at University of Calcutta, it has identified three common indian plants viz., Pluchea indica, Vitex negundo and Emblica officinalis of which, Pluchea indica seems to be the most potent. Further studies are in progress.

6.40.74 *Traditional medicine research:* The ICMR continued its multidisciplinary centrally coordinated, Task Force strategy, following disease-oriented approach in the scientific evaluation of selected time honoured traditional remedies/techniques in 6 refractory disease conditions identified by the Council viz., Kshaarasootra technique for anal fistula, and indigenous remedies for viral hepatitis, bronchial asthma, diabetes mellitus, urolithiasis and filariasis. The new strategy involves simultaneous research using advanced chemical, pharmacological and toxicological studies, along with precise quality control and standardisation studies on each drug selected.

6.40.75 The Kshaarasootra technique which was proved through multicentric clinical trials to be a safe, acceptable and cost effective alternative to surgery for patients of anal fistula, is now being subjected to quality control and standardisation of its individual ingredients as well the finished product. The manufacturing process is also being standardised. A Monograph on these aspects is under preparation for possible incorporation in the Indian pharmacopoeia.

6.40.76 In studies on hepatoprotective plants, picroliv, a standardised glycoside mixture derived from Picrorhiza kurroa, has shown highly significant hepatoprotective action coupled with anti-viral and immunomodulater activities in vivo and in vitro experimental models. This has been cleared for phase II clinical trials by the Drugs Controller of India. Tolerance studies on this compound in human beings, have been initiated at two centres as a prelude to undertake Phase II clinical trials.

6.40.77 During the year, multicentric double blind clinical trials have been initiated at 4 centres on another promising hepatoprotective plant Phyllanthus amarus, in patients of chronic viral hepatitis.

6.40.78 Significant leads in experimental animal models have been obtained at the Advanced Centre at CDRI on a few other

plants including other Phyllanthus species.

6.40.79 Multicentric clinical trials on higher dose of Vijaysar (Pterocarpus marsupium) in patients of diabetes mellitus are in progress. The concept of undertaking clinical trials on a flexible dose schedule has been introduced. Advanced studies including insulin tolerance and plasma insulin assay in diabetic patients are proposed at one centre (i.e. Sita Ram Bhartiya Institute for Science and Research, New Delhi).

6.40.80 In bronchial asthma multicentric clinical trials are in progress on the Ayurvedic plant Shireesha (Albizzia lebbeck). In urolithiasis and filariasis animal studies have yielded encouraging leads, which are being pursued.

6.41 Publication, Information and Communication

6.41.1 Various activities in the area of biomedical information and communication were continued during the year through the print, visual as well as the audio-visual media. Apart from efforts for dissemination of biomedical information to the common man, biomedical bibliographic information services to medical and non-medical scientists, as well as activities relating to scientometric studies and management information systems received due attention.

6.41.2 The Indian Journal of Medical Research continued to be published into two independent sections A & B (started on an experimental basis) during 1992. It has been decided to merge both the sections from January, 1994. The monthly in-house periodical of the Council viz., the ICMR Bulletin continued to disseminate scientific information on biomedical research carried out under the aegis of the ICMR. A few special issues of the Bulletin with articles on ageing, HIV infection, etc. were brought out during the year. The Hindi Publication Unit of the Council brought out the Hindi version of the Council's Annual Report (Varshik Prativedan) as well as the Bulletin (ICMR Patrika). Updation/revision of the first volume of the encyclopaedic Monograph of Medicinal plant of India is in progress, through computerization of the enormous literature now available on the plants included in this volume (i.e. those with botanical names from alphabets A to G).

6.41.3 Scientific lectures were organised in collaboration with the Council's Institute of Pathology, New Delhi, in connection with the National Science Day celebrations in February, 1993. The Audiovisual Unit has undertaken videofilming on Japanese encephalitis, Kshaarasootra (Ayurvedic medicated thread for management of anal fistula) and highlights of the activities of the malaria Research Centre. Five other shorter programme on different aspects of malaria have been completed during the year. In the area of Health Education, the Unit has produced a 12 minutes video programme on malaria targeted to schoolgoing children.

6.41.4 Under scientometric studies, the major areas taken up included preliminary analysis of global malaria research, publication analysis of ICMR extamural research for the period 1988-92 and designing a database on Indian biomedical journals. Work also was continued in updating the ICMR intramural publication and citation databases.

6.41.5 The ICMR-NIC Centre on Biomedical Information, currently provided bibliographic information services from over 40 databases of MEDLARS, USA, to users throughout India. The Centre also provides access through E-Mail to databases at NLM such as GENBANK (Gene sequence), EMBL (DNA sequence), SWISSPORT, PIR, KABATPRO (Protein sequence) and other sequence databases. In 1993 three new databases were added in addition to the back files of MEDLINE. These are AIDSLINE, AIDSTRIALS, AIDSDRUGS AND MEDLINE BACK85.

6.42 V.P. Chest Institute, University of Delhi

6.42.1 The Institute is financed by this Ministry and is administered by a Governing

Body constituted by the Executive Council, University of Delhi.

6.42.2 The Institute conducts applied and basic research in chest diseases and allied specialities. It provides diagnostic and consultation services in chest diseases. It provides specialised laboratory and clinical diagnostic services in cases with problematic lung diseases referred to the Institute from all over India.

6.42.3 *Training:* The Institute conducts several post-graduate courses of Delhi University viz. DTCD/MD (Tub. & Resp. diseases)/M.D. in non-clinical subjects viz. Pharmacology, Medical Bio-chemistry, Physiology and Microbiology, Besides Ph.D. students in a number of biomedical and clinical subjects receive their training.

6.42.4 Students were enrolled for the various post-graduate courses relating to medical Bio-chemistry, Physiology, Pharmacology, Tuberculosis and Respiratory Diseases, Microbiology, and Ph.D.

6.42.5 *Patient care:* During the calender year 4904 new and 22884 old cases attended the Clinical Research Centre. Of these 18 were admitted in the indoor wards for special investigation and treatment.

6.42.6 *Publication:* The Institute continued to publish the quarterly periodical "The Indian Journal of Chest Diseases and Allied Sciences" which has a wide national and international circulation.

6.42.7 *Research:* Studies on diverse aspects of respiratory diseases/conditions were conducted, involving clinical as well biochemical physiological immunological, microbiological, pharmacological and radiological investigations. Examples of these studies are:-

6.42.8 Effects of protein malnutrition on phosphoinositide and phosphatidyl choline turnover in various tissues of experimental animals; trials in bronchial asthma using indigenous drugs; establishment of norms for lung functions and exercise responses in Indians; variability of flow volume parameters in normal individuals; clinicophysiological relationships in diffuse interstitial lung diseases; techniques of aerosol delivery aetiological significance of fungal, pollen and insect allergens; serum immunoglobulin profiles in acute exacerbations of asthma and their correlations with viral infections such as influenza; studies on chronic obstructive pulmonary disease (COPD) including pulmonary functions during sleep, and role of corticosteroids in management; comparative studies of pulmonary functions in school children in Delhi and Leh (as part of a High Attitude Physiology research programme); epidemiology of Farmer's Lung Disease in north-western India; prevalence of haemophilus influenzae in respiratory tract infections, using rapid micromethods standardised at the VPCI itself; isolation and characterisation of R-plasmids from gram negative bacilli, with a view to identify those plasmids coding for antibiotic resistance; development of a simple, sensitive immunoassay for pneumadin (a new decapeptide which appears to be involved in water and electrolyte metabolism disturbances in lung diseases); effect of acclimatisation on psychomotor performance of aviators; role of ultrasonography in the diagnosis of chest diseases as compared to conventional radiography; identification of 29 newer inhalant allergens; and immunochemical quantification of airborne inhalant allergens in the Delhi area. The DST sponsored Centre for the Study of Visceral Mechanisms undertook studies on the influence of anti-tuberculous treatment on ECG in pulmonary tuberculosis, apart from other physiological investigations.

6.42.9 The VPCI received grants for conducting research projects from agencies such as ICMR, DST and UGC. 25 research papers authored by faculty and staff of the VPCI were published in scientific journals

during the period under report.

6.42.10 A provision of Rs. 200.00 lakh has been made in the Budget Estimates 1993-94 under head "Non-Plan".

6.43 Central Health Education Bureau

6.43.1 The year 1993 has been a period of significant achievements for the Central Health Education Bureau. The Central Health Education Bureau set up in 1956, has been striving to achieve the goal of developing and promoting health education in the country.

6.43.2 CHEB, being a wing of the Directorate General of Health Services, continued to provide support to the Ministry in implementing the official policies and programmes of health education in the country. To achieve the above mentioned objectives, CHEB has six technical divisions with Administrative Section to provide administrative support. These are: (i) Training; (ii) Media, including Editorial and Exhibition Sections; (iii) School Health Edu- cation; (iv) Health Education Services (v) Research and Evaluation; and (vi) Urban Field Study and Demonstration Centre.

6.43.3 The highlights of the activities carried out by CHEB during 1993-94 are:

6.43.4 *Training Division:* The courses conducted by this Division of the Bureau are (i) Two year diploma in health education;(ii) In-service training, two month certificate in health education, two month media personnel course , four week social sciences research method, four week key trainers course, two week faculty of HFWTC medical, five-day district level medical officers course and five-day certificate in health education for doctors of ISM course and (iii) Orientation training - 103 national students were given orientation training in health education.

6.43.5 *Media Division Including Editorial and Exhibition Division:* The Editorial Section is one of the primary sections of the Bureau. It is mainly responsible for producing printed health education and publicity material for various health programmes.

6.43.6 *Journals :* Dissemination of health education information and to interpret the plans and achievements of the Ministry is done by the Division through its monthly journals, SWASTH HIND (English) and AROGYA SANDESH (Hindi). They cover varied issues relating to health education, public health, health programmes, behavioural research, book reviews.

6.43.7 The special numbers brought out were: Anti-leprosy Day, World Health Day, No-Tobacco Day, World Environment and Health Day, Health Progress Nutrition and Health, World AIDS Day. Two other publications brought out regularly are *DGHS Chronicle* (English Quarterly) and Swasthya Siksha Samachar (Hindi Quarterly). These journals highlight the activities of DGHS.

6.43.8 Besides, 8 publications were also brought out. Campaign material on World No-Tobacco Day and World Health Day were also brought out.

6.43.9 *Future Plans:* Fifty new publications which are under various stages of preparation are to be brought out during the year.

6.43.10 The Exhibition and Audio Visual Sections of the Division organised 15 exhibitions on different areas of health subjects, 5 video spots on different health subjects were prepared. The section maintained close liaison with voluntary institutions and various media units of the Ministry of I & B. The audio-visual services of the Bureau were utilised for health education of the people and in training programmes.

6.43.11 *Research and Evaluation Division:* The following are the ongoing Projects/ Studies undertaken by the Research and Evaluation Division:

NOTIFIED CASES AND DEATHS OF CHOLERA IN INDIA 1960 TO 1993

SOURCE : HEALTH INFORMATION OF INDIA

6.43.11(i) *Study on Cultural and Cordelates of Tribal Health:* The focus of the study, *inter-alia*, is to study preventive and curative behaviour of tribal people; and extent of health education activities carried out by various health workers in tribal areas. It has been carried out in four States viz. Maharashtra, Gujarat, Andhra Pradesh and Orissa. As many as 58 villages and 1642 households are covered in the study.

6.43.11(ii) Study on status of Implementation of Health Education in Schools. The objective is to assess the extent to which health education is being transacted in schools. Study tools have been prepared.

6.43.11(iii) Study on People's understanding of selected National Health Programmes. The study tools have been prepared.

6.43.12 *School Health Education Division:* The School Health Education Division works as a technical resource with the Ministry of Education, NCERT and Directorate of Adult Education. It works in close collaboration with all these agencies and also with State Health and Education Departments and Universities in the country for strengthening health education programme for formal and non-formal education.

6.43.13 The Division collaborates with NCERT and CBSE for strengthening health education in schools. Also, a centre for promotion of health related vocation studies has been established by the Ministry of Health & Family Welfare at CHEB and the work relating to the Inter-Ministry Committee set up develop modalities for starting health-related vocational courses was taken over by the Division.

6.44 Central Bureau of Health Intelligence

6.44.1 The Central Bureau of Health Intelligence (CBHI) is the Health Intelligence Wing of the Directorate General of Health Services. It collects, analyses and disseminates the information on Health Conditions in the country, covering all aspects of health, namely, health status, health resources, utilisation of the health facilities etc. It also conducts the training programme for various categories of statistical personnel dealing with health and medical fields and arranges training for overseas fellows in the country on health statistics. The Bureau is actively engaged in the Monitoring and Evaluation of strategy of Health for all by 2000 A.D. in India.

6.44.2 *Epidemic Intelligence:* The obligations under the International Health Regulations are being observed. The morbidity and mortality figures in respect of internationally quarantinable diseases including Cholera are received by C.B.H.I. every week from all States/Union Territories as well as from all major sea-ports and airports. Based on the figures, Weekly Epidemiological Reports are prepared and sent to WHO every week.

6.44.3 Surveillance on principal Communicable Diseases other than those covered under the international health regulations is also being maintained. Monthly reports on these diseases are being received from States/Union Territories every month in the prescribed proforma. This alongwith reports on other diseases like Malaria, Leprosy and Blindness are published in the monthly Health Statistical Bulletin.

6.44.4 *Training Programmes:* The training on Vital and Health Statistics is conducted at two centres i.e. Model Vital and Health Statistics Unit, Nagpur and Regional Health Statistics Training Centre, Chandigarh. During 1992-93, a total of 17 candidates in General & Health Statistics and 18 candidates in Medical coding were trained in these two centres.

6.44.5 Training Courses for Medical Record Officers (one year duration) and for Medical Record Technicians (Six months duration) are being conducted at Training

centres for Medical Records, Safdarjung Hospital, New Delhi and JIPMER, Pondicherry. During 1992-93 a total of 8 and 21 candidates were trained in the courses for Medical Record Officers and medical Record Technicians respectively at these two centres.

6.44.6 *Field Studies:* Six field survey units established and located in the offices of the Regional Director (H&FW) at Patna, Bangalore, Bhubaneshwar, Jaipur, Lucknow and Bhopal are carrying out various field studies in Health related matters. The field survey units at Bangalore, Bhubaneshwar and Patna which were established in 1981 have carried out 40 studies and those at Bhopal, Jaipur and Lucknow established in 1986 have conducted 72 studies, making a total of 112 studies by all six field survey units.

6.44.7 *Health Management Information System:* In pursuance of the National Health Policy for establishment of efficient and effective management information system in the Health and Family Welfare sector in the country, a computer compatible Health management information system has been developed and designed in collaboration with the participating States, National Informatics Centre and World Health Organisation.

6.44.8 *Meetings/Conferences:* A conference of State Bureaus of Health Intelligence/ Equivalent Statistical cells was held on 27-28 September, 1993 in Delhi. Twelve States participated in the conference. This will be followed by a second conference which is to be attended by the rest of the States/UTs.

6.44.9 *Publications:* CBHI brings out many publications at varying periodicy. These are Health Information of India, Monthly Health Statistical Bulletin, Directory of Hospitals in India, Medical Education in India, Para-Medical Training in India and Health Graphics of India etc.

6.45 National Medical Library

6.45.1 National Medical Library has been functioning under the administrative control of the Directorate General of Health Services. It is housed in its own building on the Mahatma Gandhi Marg, Ansari Nagar, New Delhi. It continues to discharge its mandate for providing information services to meet requirements in the field of Health, Medical and related sciences for the users throughout the country.

(i) It has a collection of over 2.65 lakh publications with addition of 2,500 publications annually. It receives 2,061 current journals.

(ii) Photocopies are provided to the users on paid orders. 1,70,635 pages of photocopies were supplied to 5,750 requests including 437 sent to South-East Asian countries. Photocopies of 42,950 pages were supplied to officers in the D.G.H.S. and the Ministry. Forty-five requests were received from National Library of Medicine, Bethesda, U.S.A.

(iii) 750 MEDLARS (CD-ROM) search requests were processed during April-October, 1993 and printouts of citations/ abstracts on requested topics were supplied to applicants throughout the country.

(iv) Compilation and circulation of Documentation Bulletins like (i) Highlights from Current Health Literature and (ii) AIDSDOC-Documentation on AIDS were continued using the computer facility available at NML. Data for "Index to Indian Medical periodicals" and "Catalogue of the Library" are also being input for storage and retrieval.

6.45.2 Library was consulted by 58,000

visitors; they referred 3,80,000 publications. 8,760 publications were loaned to individual members and 3,060 were supplied on inter-library loan. 15,500 Reference Queries were answered.

6.45.3 *Training:* National Medical Library has organised workshops/training programmes in the field of Health Sciences Library and Information Services in various regions of the country as a part of Group Education Activity Component of the HELLIS Network in India. Training course at Grant Medical College, Bombay in May, 1993, a workshop at NIMHANS, Banglore in June, 1993 and a 5-week Orientation course in Medical Librarianship at National Medical Library in August-September, 1993 were conducted.

6.45.4 Branch Library at Nirman Bhavan continued to provide reading material to staff and officers in Nirman Bhavan.

6.46 D.G.H.S. Scholarship Scheme

6.46.1 Under the D.G.H.S. Scholarship Scheme scholarships are awarded to students of Indian nationality who are pursuing their studies in Post MBBS/B.D.S/M.Sc./Ph.D. in certain selected specialities and super specialities in which adequate trained personnel are not available in the country. The subject/specialities are reviewed from time to time on the basis of shortage keeping in view the availability of manpower in the relevant areas/fields. The existing rate of scholarship for Post-MBBS/BDS/M.Sc./Ph.D is Rs. 850/- per month and that for post Doctoral courses is Rs.1000/- per month. The tenure of P.G. Scholarship is two years whereas for post doctoral courses the duration is three years.

6.46.2 Out of the total Scholarship awarded annually, 15% and 7.5% of Scholarships are reserved for candidates belonging to SC/ST respectively. In case the requisite number of candidates belonging to the SC/ST communities are not available, the Scholarships are awarded to other eligible candidates from general quota.

6.46.3 The year-wise selection of the candidates is indicated below:-

YEAR-WISE SELECTION OF THE CANDIDATES

Year	No.of Scholarships proposed to be awarded	No.of Scholarships actually awarded	No.of benefitted SC	No. of benefitted ST
1979-80	120	120	4	1
1980-81	120	120	7	-
1981-82	120	96	3	3
1982-83	120	63	1	-
1983-84	120	96	6	1
1984-85	110	110	2	-
1985-86	100	100	2	-
1986-87	100	100	1	-
1987-88	100	100	2	1
1988-89	113	113	4	-
1989-90	124	124	10	4
1990-91	120	120	6	1
1991-92	120	120	8	1
1992-93	120	86	6	-

6.46.4 However, scholarship amount is released on receipt of the response from candidates.

6.46.5 The selection of the award of scholarship for the year 1993-94 is being made.

6.47 The North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong

6.47.1 The North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong was set up under the Resolution of the Group of Ministers, Government of India in their Meeting held on 16.12.1982 and the approval of the Central Government. Its objective is to provide advanced and specialised health care to the people of the North-Eastern Region including Sikkim and to serve as a regional referral service centre; to promote a programme of health manpower development and training in identified fields of super-specialisations.

6.47.2 The Central Government realising the difficulties being encountered in implementing the Project Report prepared by Dr. N.S. Deodhar, entrusted the task of reviewing and suitability suggesting views for revising the Project Report to Dr. S.D. Sharma, the then Additional Director General of Health Services with a view to ensure that part of the project is implemented early, taking into account the facilities already available in the North-East Region, particularly Shillong.

6.47.3 Dr. Sharma in his report submitted on 5.1.1993 recommended for the development of the Institute in two Phases, namely, Phase-I as a short-term proposal for setting up of an Institute with limited facilities, Phase-II being a long-term proposal, implementation of which should start alongwith Phase-I and would consist of provision of facilities at the permanent site for the Institute.

6.47.4 After consideration of Dr. Sharma's Project Report, the Additional Secretary(Health) undertook a visit to Shillong and held discussions with Chief Minister of Meghalaya among others to finalise the proposal for the establishment of the Institute. The proposal for implementation of the Project is under consideration of the Ministry.

6.48 National Institute of Biologicals

6.48.1 National Institute of Biologicals has been established by the Government of India to fulfil the need for a high standard of quality control of biologicals in India. The prime objective of the Institute will be to develop and lay down standards for quality control testing procedure for biologicals and immunobiological products being produced indigenously as well as imported in India.

6.48.2 The Institute has been set up as an autonomous organisation, registered under the Societies Registration Act, 1860, under the control of the Ministry of Health & Family Welfare. The total outlay of the project is Rs. 69.74 crores spread over a period of 8 years falling in 8th and 9th Plans. The project will be funded by the Government of India, OECF, Japan, and the USAID. The share of the donor agencies and the Government of India will be as follows:-

Govt. of India	: Rs.24.25 crore
OECF, Japan	: Rs.37.17 crore
USAID	: Rs. 8.32 crore
Total	: Rs.69.74 crore

6.48.3 A plot of land measuring 74,000 sq. mtrs. in the Institutional Area (Phase II), NOIDA, has been acquired for setting up the Institute. A Site Office has been constructed and the boundary wall is under construction. Master Plan for the construction of Administrative Block, Guest House, Hostel and Cafeteria has been prepared and submitted to NOIDA authorities for approval.

6.48.4 Pending completion of the construction of the building complex at NOIDA, NIB has proposed to start the scientific programme in an Interim facility in the accommodation leased out in a suitable building. Six laboratories are proposed to be set up in this accommodation. The renovation work has been scheduled from May, 1994 and the laboratories are expected to be ready by March, 1995.

6.48.5 A detailed Institutional Development Plan for the project has been prepared for implementation.

6.49 BCG Vaccine Laboratory, Guindy, Madras

6.49.1 BCG Vaccine Laboratory, Madras a subordinate office under the Directorate General of Health Services was set up in 1948 with the assistance of the WHO and the UNICEF to manufacture and supply BCG vaccine and Tuberculin PPD to the States and Union Territories. The supply of FD BCG Vaccine to States and Union Territories are done under Universal Immunization Programme as per allocations fixed by the Government of India. The biologicals are also supplied to Medical Institutions and private medical practitioners on payment. This is the only Laboratory in India engaged in production of FD BCG Vaccine and Tuberculin PPD.

6.49.2 The requirement of vaccine increased rapidly owing to introduction of EPI and subsequently UIP. To increase the installed capacity and to meet the additional requirement, expansion programme for this laboratory was included in the VII Five Year Plan with the total outlay of Rs.1 crore. The UNICEF supplied the imported equipments and spares costing about Rs.2 crore. For this expansion as well as for installation of the machineries some construction of new buildings/laboratories and modification of the existing laboratory were done.

6.49.3 Target for supply of 503.85 lakh doses of BCG Vaccine has been determined for 1993-94 to meet the requirements of UIP in India. Out of this, the production target for this laboratory is 350 lakh doses. Upto the end of September, 1993, a total of 119.27 lakh doses have been produced by this laboratory. Upto 30.9.93, 330.34 lakh doses were supplied which includes imported vaccine as well.

6.49.4 The biologicals produced and supplied during the period April, 1993 to September, 1993 are as under:

	Production	Supply
FD BCG Vaccine (20 dose per ampoule)	119.27 lakh doses	330.34 lakh doses
TUBERCULIN PPD		
RT-23 1-TU	8991 vials	7653 vials
2-TU	157 vials	88 vials

6.49.5 Post - Graduate students from Madras University doing M.Sc and M.D. Microbiology and nurses are being trained in this laboratory.

6.49.6 *Future plan of action:* The expansion of the BCG Vaccine Laboratory was included in the Seventh Five Year Plan with an outlay of Rs.1 crore which excludes the imported machinery costing about Rs.2 crore procured through the UNICEF. After complete installation of all these machines the installed capacity will be 400 lakh doses.

6.49.7 A proposal for opening a Unit for preparation of diluent for the BCG Vaccine has been included in the VIII Five Year Plan with an outlay of Rs.198.81 lakh. Administrative approval/expenditure sanction for Rs.3,61,54,000/- has been accorded for

setting up the production Unit at Madras in order to achieve self sufficiency in production of BCG Vaccine.

6.50 National Tuberculosis Institute, Bangalore

6.50.1 The National Tuberculosis Institute, Bangalore was established in the year 1959 by the Government of India with the assistance of WHO & UNICEF to evolve nationally applicable methods of TB Control and Training key personnel for TB Control Programme. About 5300 personnel of different categories have been trained in 68 courses held in the Institute, so far. Apart from training of distt. TB teams, it also undertakes refresher courses for district TB centre personnel and reorientations/ training/seminars for senior health administrators and professors of Medical Colleges etc. Trainees from abroad also attend various courses at the National TB Institute, Bangalore. The institute has also been recognised as a WHO collaborating centre. The Vth International Training Course at NTI was held in January 1993. The institute is also engaged in important epidemiological, sociological, bacteriological and operational research connected with the TB control programme and provides suitable technical guidance to the distt. TB centres so that their performance can further improve. The institute is also given responsibility of monitoring the distt. TB programme of the country. Quarterly reports are received by the institute which are scrutinised and comments are given to the State Governments to take necessary corrective action, whenever necessary. The institute also brings out annual report on monitoring of the programme.

6.50.2 The financial outlays are as under:

FINANCIAL OUTLAYS

(Rs. in thousands)

	Actuals 1992-93	BE 1993-94	RE 1993-94	BE 1994-95
Plan	994.2	10,00	11,34	16,90
Non-Plan	9,378	97,50	1,10,27	1,27,25

6.51 All India Institute of Physical Medicine and Rehabilitation, Bombay

6.51.1 The All India Institute of Physical Medicine and Rehabilitation, Bombay has been functioning in the field of Rehabilitation Medicine over the past 39 years. The Institute is a pioneer Institute in the whole of South-Asia with facilities for Medical Rehabilitation services (with 40 bedded hospital, Operation Theatre for Reconstructive Surgery facilities for Pathology and X-Ray investigations etc.) which cover Rehabilitation Nursing, Physiotherapy, Occupational Therapy, Medical Social Work, Vocational Guidance, Evaluation, Adjustment and Training and supply of Prosthetic and Orthotic appliances. The Institute has a Research Society. The Institute undertakes training at Graduate and Post-Graduate level and research in Rehabilitation Medicine. Over the past few years the Institute has been trying to reach the disabled population scattered all over rural areas in general and the areas where Scheduled Caste and Scheduled Tribe population is concentrated in particular through camp approach. These camps are conducted in collaboration with voluntary and Semi-Government or local organisations.

6.51.2 The Departments providing services to the handicapped are: (i) Medical Rehabilitation (with 40 bedded hospital, Operation theatres Pathology and X-Ray

Investigation operation theatres etc.); (ii) Rehabilitation Nursing; (iii) Physiotherapy; (iv) Occupational therapy; (v) Speech therapy; (vi) Prosthetic and Orthotics (with Prosthetic Workshop); (vii) Vocational Guidance, Evaluation, Adjustment and Training (with vocational training workshop); (viii) Medical social work; (ix) Research; and (x) Administration.

6.51.3 This Institute runs Under-graduate and Post-graduate Diploma and B.Sc and M.Sc Degree courses in Rehabilitation for MS/MD, M.B.B.S., Homoeopathic, Ayurvedic and Unani Doctors Physiotherapy and Occupational Therapy and several post-graduate diploma courses in various aspects of rehabilitation.

6.51.4 During the period under report about 18,000 new cases and 6640 old patients were treated through social clinics and 25000 patients attended in out patient department for various ailments. A total of 922 operations were performed in the Institute.

6.51.5 During the year 1993-94, a budget provision of Rs.122.40 lakh under Non-Plan and Rs.75.00 lakh under Plan has been made for the Institute.

Prime Minister Shri P.V. Narasimha Rao inaugurated the session of 54th Amrit Mahotsava of Ayurved Mahasammelan at Nagpur on 25th December, 1993. The issue of strengthening and development of Indian Systems of Medicine was discussed.

INDIAN SYSTEMS OF MEDICINE AND HOMOEOPATHY

CHAPTER VII

The National Health Policy of 1983 envisages the necessity to initiate organised measures to enable each of the Systems of Indian Medicine that is Ayurveda, Siddha, Unani, as well as Homoeopathy to develop in accordance with its genius. The policy proposes for planned efforts to find an appropriate role and place for these different systems in the overall health care delivery system in the country.

7.1.2 People of our country have faith in the traditional systems, the services provided are generally cheaper and available in small towns and rural areas, and the remedies are known to be generally free from side-effects. Further, India has a large resource of about 4 lakh practitioners of ISM and 1.5 lakh practitioners of Homoeopathy, whose services need to be fully utilised. There are about 220 ISM and Health Colleges producing about 9000 graduates in Indian Systems including diploma holders in Homoeopathy every year.

7.1.3 Ayurved based on Athervaved, was developed more than 3,000 years ago by sages like Agnivesh and Sushruta. There is mention of about 15,000 drugs in the classical texts, of these 1,500 drugs mentioned in about 50 Classical Texts are presently in wide use.

7.1.4 'Siddhars' seem to have contributed towards development of Siddha Medical System. The literature is basically in Tamil and this System is practised in the Tamil speaking areas in India, as well as in countries like Sri Lanka, Malaysia and Burma. Its origin is also attributed to the great sage Agasthya.

7.1.5 The Unani System of Medicine had its origin in Greece. It was extensively adapted and developed by the Arabs after assimilating medical knowledge from India and Persia. It has developed strong roots in India. In view of its many similarities with the Ayurvedic System the two are practised side by side by Vaidyas and Hakims.

7.1.6 The basic concept in all the three systems related to maintaining a balance in the body between different elements or humors of hich the body is functioning. Any disturbance in the balance leads to disease and the therapy lies in restoring the balance through use of medicines of natural origin based on herbs and minerals.

7.1.7 Non-drug therapies like Yoga and Naturopathy which are being practised in the country as a way of living for maintenance of health have also been included under Indian Systems of Medicine.

7.1.8 Homoeopathy had its origin from Germany and is practised in India for nearly 150 years.

7.2 Institutional Development

7.2.1 Before independence these systems were left to develop on their own with practically no Governmental support. Indian Systems of Medicine were generally practised on the basis of learning through family traditions, although few colleges had come up in the late 19th Century or in the earlier part of 20th Century. Thus, there was practically no regulation regarding the practice and educational standards. Persons went to such physicians on the basis of faith in their skill, knowledge and integrity. The ability to diagnose and cure a disease was considered to be a quality having spiritual dimensions.

7.2.2 After independence, institutions paralleling those existing in Allopathy were formed in order to develop these systems. These include the Central Council of Indian Medicine and the Central Council for Homoeopathy to register practitioners in these systems and to lay down minimum standards for education. The Central Council for Research in Ayurveda and Siddha, the Central Council for Research in Unani Medicine, the Central Council for Research in Homoeopathy and the National Institute for Ayurveda at Jaipur and the National Institute of Homoeopathy at Calcutta, were also set up as apex bodies for research and teaching. In order to formulate standards for drugs, Pharmacopoeial Committees for each of these systems were set up and supported by laboratories like the Pharmacopoeial Laboratory for Indian Medicine and the Homoeopathic Pharmacopoeial Laboratory, both being located at Ghaziabad. A recent innovation is the setting up of Rashtriya Ayurveda Vidyapeeth which is to utilise the Guru Shishya Parampara as the basis of its functioning involving close personal rapport between the teacher and the taught, in contrast to the impersonal relationship in modern institutions.

7.3 Regulation of Educational Standards and Professional Practices

7.3.1 There are two Central Councils: viz (i) Central Council of Indian Medicine (CCIM) and (ii) Central Council of Homoeopathy (CCH), which are responsible for laying down and maintaining uniform standards of education and regulate the professional practices of the practitioners in the field of Indian Systems of Medicine and Homoeopathy, respectively.

7.4 Central Council of Indian Medicine

7.4.1 The Central Council of Indian Medicine is a Statutory Body constituted under the provisions of Indian Medicine Central Council Act, 1970 (IMCC Act, 1970). The first Council was nominated by the Government of India in 1971. The Council was reconstituted in 1984 vide Government of India notification in Gazette of India, Extraordinary, Part-II, Section III, Sub-section II dated 7.5.84 and elections for further reconstitution of the Council are in progress and are likely to be completed by the end of this year.

7.4.1(i) On the advice of Central Council, the Central Government notified the inclusion of BAMS of Amravati University in the Second Schedule to the IMCC Act, 1970 during the year 1992-93. Besides, 5 Ayurvedic qualifications, 3 Unani and 3

Siddha qualifications were recommended by Central Council of Indian Medicine for inclusion in 2nd Schedule of the IMCC Act are being examined by the Ministry.

7.4.1 (ii) The Central Register of Practitioners of Indian Systems of Medicine registered with the Boards of Andhra Pradesh, Assam, Delhi, Haryana, Himachal Pradesh, Jammu and Kashmir, Karnataka, Orissa, Punjab, Tamil Nadu and West Bengal on the basis of recognised medical qualifications have been published in the Gazette of India. And for the remaining States the register was sent for publication in the Gazette of India.

7.4.1(iii) The budget estimate of the Council for the year 1993-94 approved by the Ministry is Rs.191 lakh under Non-Plan and Rs. 20 lakh under Plan. The Plan provision is being utilised for conducting CCIM elections.

7.5 Central Council of Homoeopathy

7.5.1 The Central Council of Homoeopathy is a corporate body established under the provision of Homoeopathy Central Council Act, 1973 to maintain uniform standards of medical education in Homoeopathy and maintain Central Registrar of Homoeopathy and matters connected therewith.

7.5.2 During the year under report, the Central Council has sent its recommendations to Government of India for the inclusion of following medical qualifications in Homoeopathy in the Second Schedule to the Homoeopathy Central Council Act, 1973:-

7.5.3 For maintenance of Central Register, the list of Registered Practitioners of States of West Bengal, Andhra Pradesh, Punjab is being prepared for the first supplement thereto. Work to prepare Corrigendum in respect of Central Register of Homoeopathy is in progress.

7.5.3(i) The Central Council has registered 130 Practitioners possessing recognised qualification in Part-I of Central Register.

7.5.4 The Central Council has finalised amendments to the following Regulations and has sent the same to all the States/UT Governments for their comments, if any:

1. Homoeopathy (Degree Course) Regulations, 1983.
2. Homoeopathy (Minimum Standard of Education) Regulation, 1983.

MEDICAL QUALIFICATIONS IN HOMOEOPATHY IN THE SECOND SCHEDULE TO THE HOMOEOPATHY CENTRAL COUNCIL ACT, 1973

Madurai Kamaraj University, Madurai	B.H.M.S. from August, 1992 onwards
S.P. University	B.H.M.S. from 1991 to 1993 B.H.M.S. Graded from 1987 onwards Degree
Rajasthan Board of Homoeopathy System of Medicine	D.H.M.S. (as per from 1988 onwards C.C.H. Regulations)
Board of Homoeopathic Systems of Medicine, Assam	D.H.M.S. from 1983 to June, 1987
Andhra University	M.B.S.(H) during 1984 Spl. Qualifying Examination
Bihar University	B.H.M.S.

7.5.4(i) The Central Council also finalised the amendments to Homoeopathy Central Council (Inspectors and Visitors) Regulations, 1982. And finalised the Homoeopathy (Remunerations and Allowances) Regulations and sent it to Central Government for approval.

7.5.5 The budget allocation for the Central Council for 1993-94 is as under:-

Plan	Rs.10.00 lakh
Non-Plan	Rs.22.00 lakh

7.6 Rashtriya Ayurveda Vidyapeeth

7.6.1 The Rashtriya Ayurveda Vidyapeeth, an Autonomous Body was registered on 11th February, 1988 as a Society under the Societies Registration Act, 1916.

7.6.1(i) The main objectives of this Vidyapeeth is to promote and preserve the knowledge of Ayurveda. Persons possessing Post-graduate qualification in Ayurveda or Graduates with three years teaching/ research/professional experience are inducted for training for 2 years on traditional lines.

7.6.2 During the year 1993, 3 Governing Body meetings were held.

7.6.2 (i) Following actions were taken during 1992-93:-

(1) Five Gurus were appointed.

(2) Out of 25 students selected for the course 17 are taking training at present.

7.6.3 A two-day seminar on Kidney Disorders was held on 29th and 30th March, 1993. Hon'ble Union Minister for Health and Family Welfare, Shri B. Shankaranand inaugurated the Seminar and Hon'ble Shri Paban Singh Ghatowar, Deputy Minister for Health and Family Welfare had addressed the Valedictory Session on 30h March, 1993. About 500 eminent Ayurvedic Experts from various parts of the country had participated in this Seminar and some of them had presented their papers on the subject.

7.6.3(i) Fellowship Certificates were also awarded to the eminent personalities in Ayurveda.

7.6.4 Rs.20 lakh have been provided in the Budget Estimates for 1993-94.

7.7 National Institutes

7.7.1 The four National Institutes viz. (i) National Institute of Ayurveda at Jaipur; (ii) National Institute of Homoeopathy at Calcutta; (iii) National Institute of Unani Medicine at Bangalore; and (iv) National Institute of Naturopathy at Pune, were set up under the Ministry of Health and Family Welfare as autonomous organisations.

7.7.2 *National Institute of Ayurveda, Jaipur:* The National Institute of Ayurveda, Jaipur was established during the year 1976 by the Government of India in collaboration with Government of Rajasthan at Jaipur as an apex Institute of Ayurveda in the country to develop high standards of teaching, training and research in all aspects of Ayurvedic System of Medicine with a scientific approach. It also provides facilities for Ph.D. in Ayurveda and is affiliated with the University of Rajasthan.

7.7.2(i) *Teaching:* During the year under report, 253 students were studying in Under-graduate course of "Ayurvedacharya" (B.A.M.S) in the Institute.

7.7.2(ii) *Hospital Services:* The Institute is maintaining two hospitals, namely Madhav Vilas Hospital in the campus and Seth Suraj Mal Bombaywala Hospital alongwith a separate maternity and child welfare centre with a total bed strength of 200. Both these hospitals have IPD and OPD facilities. The Institute also organised four medical aid camps under the Centrally Sponsored Scheme to provide medical aid in SC and ST

predominant areas including all economically backward areas of Rajasthan.

7.7.2(iii) During 1992-93, a sum of Rs.169.84 lakh was made available to the Institute under Non-Plan and Rs.185.09 lakh under Plan from the Government of India. Rs.13.68 lakh were provided from the Government of Rajasthan and Rs.15.34 lakh were received from the Institute's sources.

7.7.3 During the year 1992-93 construction works to the tune of Rs.157.59 lakh were done which include Bhatti Unit, Girls and Nursing Hostel and maintenance of old building. During the year 1993-94 an amount of Rs.130 lakh Under-Plan is being deposited with the State P.W.D. to carry out the construction works of Girls and Nursing Hostels and Rs.17 lakh under Non-Plan for maintenance.

7.7.4 *Financial Position:* The budget allocation for the Institute during 1993-94 is as under:

Plan	: Rs.190.00 lakh
Non-Plan	: Rs.225.00 lakh

7.8 National Institute of Unani Medicine

7.8.1 The National Institute of Unani Medicine, Bangalore, an autonomous organisation of this Ministry was established in collaboration with Government of Karnataka. It has been registered under the Karnataka Societies Registration Act, 1960. The control and management of the Institute vests with the Governing Body, which consists of seventeen members with the Union Minister for Health and Family Welfare, as President and the Minister for Health and Family Welfare, Government of Karnataka as Vice-President. The term of the Office of Non-Official Members of the Governing Body is three years.

7.8.1(i) 55 acres and 2 guntas of land have been given free of cost by the Government of Karnataka in Srigandadhakavalu village on Bangalore-Magadi Road for construction of the Building of the Institute. The State Government of Karnataka would be sharing 1/3rd of the recurring and non-recurring expenditure of the Institute and also construction cost, while 2/3rd would be met by the Ministry of Health and Family Welfare, Government of India. Plan and Estimate of the proposed building of the Institute have been prepared and shall be placed before the Governing Body for approval.

7.8.1(ii) The main objective of the Institute is to produce graduates and post-graduates in Unani System of Medicines.

7.8.1(iii) Budget provision of Rs.100.00 lakh for the Institute for the year 1993-94 has been made under Plan.

7.9 National Institute of Naturopathy, Pune

7.9.1 The National Institute of Naturopathy, Pune was registered under Registration Act, 1960 with the object of promotion of Naturopathy and to encourage research in all aspects concerning human personality, cure of chronic ailments, prevention of diseases and development of human personality for achieving good health.

7.9.1 (i) The National Institute of Naturopathy (NIN) organised 3 seminars in Naturopathy treatment, one each at Trichur (Kerala), Bangalore and Aurangabad. These seminars were of the nature of patients' consultancy-cum-seminar. One Treatment-cum-Demonstration Camp was conducted by the Institute at Aurangabad in collaboration with Kakatiya Nature Care Hospital. The Institute has also been conducting awareness courses of 15 days duration of Naturopathy at Yashwant Palace, Chanakyapuri, New Delhi. So far 7 such courses have been conducted by the Institute. There has been good response from a number of administrative training institutes in the country to include lectures in Naturopathy in their training programmes. To cope up with the increasing

demand of these institutions, NIN conducted a training programme for practising Naturopathy in documentation and communication skills at Pune in January, 1993.

7.9.1(ii) NIN has prepared a documentary film on Naturopathy of half an hour duration and 5 video spots of 10 minutes duration and efforts are being made to exhibit them on Doordarshan. The Institute has also started publication of a monthly newsletter from January, 1993. Several Offices, Colleges and Institutes have shown keen interest in learning about Naturopathy for the benefit of their Officers/Trainers. A Seminar-cum-Training Camp was conducted for the Teachers of the Sangli Zila Parishad. About 60 Teachers attended this programme. The Institute proposes to take up similar programme for development of intermediary manpower by providing practical training to graduates by attaching them with selected Naturopathy Hospitals.

7.9.1(iii) *Budget:* The sanctioned budget of the Institute for the year 1993-94 is Rs.30.00 lakh under Plan.

7.10 National Institute of Homoeopathy, Calcutta

7.10.1 The National Institute of Homoeopathy, Calcutta, was established on the 10th December, 1975 as an autonomous organisation under the Ministry of Health and Family Welfare, Government of India.

7.10.1(i) The Bachelor of Homoeopathy Medicine and Surgery (BHMS) Course is of 5 1/2 years duration (including 1 year compulsory internship). It was started in December, 1987. During the initial year, 25 students were admitted to the first year BHMS Course and after affiliation by the Calcutta University the number of students have now been raised to 50 every year.

7.10.1(ii) The second one is post diploma course of two years duration, viz. dip. NIH (Post Diploma Course in Homoeopathy) and it is available to those students who have already passed the DMS/DHMS Course after 4 years institutional training. Dip. NIH is a recognised qualifications by the Central Council of Homoeopathy and the course has been included in the Second Schedule of Homoeopathy Central Council Act, 1973. The intake capacity is 25 students per year and the students receive a stipend at the rate of Rs. 750 per month during the entire period of training.

7.10.1(iii) *Research Activities:*

A. Research programme currently under progress to see the efficacy of Homoeopathic Medicines include:

(i) Arthritis;
(ii) Vitiligo;
(iii) Helmenthic Infestation; and
(iv) Leucorrhea & Dysmenorrhoea

B. *Research in the Bio-chemistry Department:* Investigations on the seeds of Amaranthus Caudatus (Ramdana) have been continued.

7.10.1(iv) *Medical Herb Garden:* Kalyani Herbal Garden Scheme was envisaged mainly for acclimatising exotic species which are being imported in order to save foreign exchange and to ensure their availability and gradually building up of repository of authentic specimens of medicinal plants for use by students and researchers.

7.10.1(v) During the period under report 58 species were grown and maintained and 9 species were added to the germ plasm bank. The species are Indigofera tinctoria, Rauvolfia canescens, Plantago ovata, achyranthes aspera Costus Sp., Derris elliptica, Arthemisia vulgaris, Hydrocotyle japonica and Leucas aspera.

7.10.1(vi) *The Budget:* The Budget Estimate for 1993-94 as approved by the Standing Finance Committee is as under:

Plan	: Rs. 149.20 lakh.
Non-Plan	: Rs. 50.55 lakh.

7.11 Scheme for Raising Standards of ISM & H Colleges (U.G.)

7.11.1 In 1992-93 attention has been focussed on upgradation of standards in existing 220 ISM&H Colleges run either by State Governments or by grantee institutions. It has been recognised that the quality of under-graduate education will be critical in determining the quality of services provided by ISM&H practitioners not only in terms of patient care but also for building up a cadre of research workers. A number of ISM&H colleges lack facilities in terms of equipment, class rooms, space, hostel building, pharmacy, herbal garden and attached out-patient services/beds which would be considered essential for proper training of ISM&H graduates.

7.11.2 During 1992-93, 14 colleges were provided assistance to the tune of about Rs. 106 lakh. The outlay of assistance to such colleges is increased from Rs. 106 lakh in 1992-93 to Rs. 280 lakh in 1993-94.

7.11.3 Under this scheme, the Ministry proposes to provide assistance to 10 to 12 Colleges for upgradation of various facilities during the year 1993-94, covering an amount of Rs.2.80 crore.

7.12 Scheme for Reorientation Training Programme for Teachers, Physicians, Research Workers and Drug Inspectors in ISM and H

7.12.1 As a part of continuing medical education, required to update the knowledge of Teachers, Physicians, Research Workers and Drug Inspectors with regard to the latest developments in the field of ISM, this scheme for reorientation training has been taken up during the VIIIth Plan Period as a cent percent centrally sponsored scheme. During the year 1992-93, 22 Training Courses were taken up in 6 ISM&H Colleges at a cost of Rs.3.08 lakh. In addition, a Seminar on Rasa Sastra was also held at B.H.U.

7.12.2 For the year 1993-94 requests have been received from about 18 colleges for conducting such Courses. An amount of about Rs. 16 lakh was approved for release by the Screening Committee.

7.13 Post-graduate Centres and Departments

7.13.1 Besides other Post-graduate Centres and Departments, the National Institute of Ayurveda, Jaipur, the Gujarat Ayurveda University, Jamnagar and the Banaras Hindu University, Varanasi have full-fledged Post-graduate facilities in Ayurveda.

7.14 Institute for Post-graduate Training and Research, Gujarat Ayurveda University, Jamnagar

7.14.1 Institute of Post-graduate Training and Research at Gujarat Ayurveda University, Jamnagar is a pioneer Institute in the field of Ayurvedic Post-graduate Education. In the last year 32 students passed their M.D.(Ay.) Course. While in the current year already 27 students have successfully completed their Post-graduate Course in June, 1993. A budget provision of Rs. 130 lakh and Rs. 145 lakh has been made for the year 1993-94 under Plan and Non-Plan Schemes respectively.

7.14.2 The other major activity of the Institute is to facilitate the research work leading to Ph.D. degree in Ayurveda. This course was introduced in 1978 and 22 were awarded Ph.D. degree. A research project in collaboration with Rajkot Cancer Hospital, Rajkot, is also in progress.

7.14.3 In the previous year, the research works on 32 M.D. (Ay.) and one Ph.D. level projects were completed and in the year 1993-94, the research work on 35 M.D. (Ay.) and 8 Ph.D. thesis projects are in progress. In addition, the work on 3 projects undertaken by the faculty members is also being continued.

7.14.4 Last year 1,09,019 patients (both old and new) were given Ayurvedic relief at O.P.D. level and 1652 patients were admitted in the 150 bedded Hospital attached to the Institute for the specialised treatment. In addition, 826 Panchakarma therapies were given to provide relief to the chronic patients.

7.14.5 Last year Re-orientation Courses of 14 days duration for Ayurvedic physicians were conducted. In these courses, 69 Ayurveda physicians and teachers were trained in Panchakarma and Kshara Sutra treatment. It is planned to hold 6 Re-orientation Courses in Panchakarma and Kshara Sutra of two weeks duration during the year 1993-94.

7.14.6 A Three-month Short-term Foreigners Training Course in Ayurveda was conducted in 1992-93 in which 6 foreign doctors had participated. The next course is being organised during November/December, 1993.

7.14.7 The Institute is a collaborative centre of W.H.O. Under this scheme, the Ayurveda Graduates of the neighbouring countries sponsored by WHO are trained in the recent advances made in the field of Ayurveda treatment. Last year 3 Ayurveda graduates of Sri Lanka were benefitted by the programme and this year upto September, 1993 one foreign Ayurvedic graduate has already completed his training.

7.14.8 Facilities for Post-graduate Course in Siddha is available at Govt. Siddha Medical College, Palayamkottai, Tamil Nadu and for Unani at Hyderabad and in Aligarh Muslim University.

7.15 Scheme relating to Upgradation of Departments in Homoeopathy Colleges for Post-graduate Training and Research including Pattern of Assistance thereunder

7.15.1 The Scheme has been formulated purely as a Central Scheme for providing financial assistance to Homoeopathy Colleges for upgradation of Departments for Post-Graduate Training and Research during the financial year 1990-91. Both recurring and non-recurring grant in aid is given under the scheme. The scheme has been conceived as an incentive to Homoeopathy Colleges to attain the prescribed minimum standards for starting the P.G. course in Homoeopathy. During the Financial year 1992-93, Rs. 45.00 lakh were provided to 4 institutions and during the Financial Year 1993-94, there exists a Budget Provision of Rs. 50.00 lakh (Plan) for the Scheme.

7.16 Pharmacopoeial Standards and Drug Testing Facilities

7.16.1 Four Pharmacopoeial Committees are working for preparing official formularies/ pharmacopoeias to maintain uniform standards in preparation of drugs of Ayurveda, Unani, Siddha and Homoeopathy and to prescribe working standards for single drugs as well as compound formulations including tests for identifying purity and quality of the drugs.

7.17 Ayurvedic Pharmacopoeia Committee

7.17.1 The Ayurvedic Pharmacopoeia Committee had published Ayurvedic Formulary of India in 2 parts and Ayurvedic Pharmacopoeia Part-I containing standards of 80 monographs on single drugs (plant origin) so far. The II part of Ayurvedic Formulary of India has been translated from Hindi to English and is being sent for publication.

7.17.2 18 draft monographs on single drugs and 32 compound formulations for inclusion in Ayurvedic Pharmacopoeia and Formulary have been drafted during the year.

7.17.3 The main Ayurvedic Pharmacopoeia Committee met on 28th and 29th September, 1992 and approved 34 formulations for inclusion in the IIIrd Part of Ayurvedic Formulary of India.

7.17.4 The Sub-Committee for Identification of Single Drugs met on 3rd and 4th March, 1993 and reviewed 143 single Drugs of Plant Origin appearing in the Ayurvedic Formulary of India Part-I (English Version). These will be placed before main Ayurvedic Pharmacopoeia Committee for final approval.

7.17.5 Drug Standardisation Sub-Committee met on 26.11.93 and certain guidelines have been made for preparation of the standard compound Ayurvedic formulations.

7.17.6 The Working Group of Ayurvedic Pharmacopoeia Committee met twice during the year and finalised 20 draft monographs on single drugs. These will be placed before the main committee of Ayurvedic Pharmacopoeia Committee for final approval.

7.17.7 The budget provision of Ayurvedic Pharmacopoeia Committee made during the year in Plan is Rs.10.00 lakh and in Non-Plan is Rs.15.00 lakh.

7.18 Siddha Pharmacopoeia Committee

7.18.1 The work on II Part National Siddha Formulary Tamil Version is in progress. Already 60 formulations were approved by the Siddha Pharmacopoeia Committee. Another 40 formulations will be added and then this will be sent for publication.

7.18.2 More than 300 single drugs of plant origin were identified in the First Part of Siddha Formulary. Monographs are to be prepared for all these drugs. 60 Monographs were prepared; out of which 20 were approved by the Siddha Pharmacopoeia Committee. The remaining will be placed before Siddha Pharmacopoeia Committee for approval in the ensuing meeting.

7.18.3 The expenditure is met from A.P.C. budget.

7.19 Unani Pharmacopoeia Committee

7.19.1 First Part of National Formulary of Unani Medicine (Urdu Version) containing 441 compound formulations has already been published.

7.19.2 II part of National Formulary of Unani Medicine (English Version) containing 202, compound formulations is ready for printing.

7.19.3 The work on the III part of National Formulary of Unani Medicine (English Version) is in progress and 65 compound formulations have been approved by Unani Pharmacopoeia Committee for inclusion in III Part of National Formulary of Unani Medicine. The work on further formulation is in progress.

7.19.4 45 monographs on single Unani drugs is ready for printing.

7.19.5 The work on the First Part of National Formulary of Unani Medicine (Hindi Version) is in progress.

7.19.6 The work on 55 monographs on single drugs is also in progress.

7.19.7 The expenditure is met from A.P.C. budget.

7.20 Homoeopathic Pharmacopoeia Committee

7.20.1 The 55th and 56th meetings of the Homoeopathic Pharmacopoeia Committee were held on the 6th January, 1993 and 23rd March, 1993 respectively in New Delhi. The Committee besides considering important business, considered 68 finished product standards and approved 64 of them. The Committee also approved another 23 monographs (13 for Homoeopathic Pharmacopoeia of India, 7 for code and 3 for consolidated edition).

7.20.2 The 8th meeting of the Working Group of Homoeopathic Pharmacopoeia Committee held in New Delhi on 19th February, 1993 considered 24 monographs and approved 16 of them. These were further approved by the main committee in its meeting held on 23rd March, 1993.

7.20.3 The VIth Volume of the Homoeopathic Pharmacopoeia of India consisting of 263 monographs has since been published.

7.20.4 A budget provision of Rs. 7.00 lakh under Non-Plan during 1993-94 has been made for Homoeopathic Pharmacopoeia Committee.

7.21 Drugs Control Cell (ISM)

7.21.1 The Drugs and Cosmetics Act 1940 was amended in 1964 (effective from 8.12.69) and Chapter IV-A was added in this Act providing for licensing and for exerting partial control on the manufacture of Ayurvedic, Unani and Siddha drugs for sale in the market. Some of the provisions of this Act were further amended in 1982 in which definitions of misbranded/adulterated and spurious drugs of Indian System of Medicine etc. were given and penalty prescribed.

7.21.2 In order to advise the Central and State Governments in matters relating to Indian System of Medicines two Statutory Bodies i.e. Ayurvedic, Siddha, Unani Drugs Technical Advisory Board and Ayurveda, Siddha, Unani Drugs Consultative Committee have been set up under the provisions of the Act.

7.21.3 The Drug Control Cell for Indian System of Medicine in the Ministry was set up in May, 1992 to assist the Drugs Controller (I) in matters relating to Indian System of Medicines and to look after the work of the above Committees.

7.21.4 The meeting of the reconstituted Ayurvedic, Siddha and Unani Drugs Technical Advisory Board was held in December, 92. Draft bye-laws of reconstituted Ayurvedic, Siddha and Unani Drugs Technical Advisory Board were finalised and approved by the Board.

7.21.5 The final Notification GSR No.904 (E) limiting the packing size of Karpur-Asva, Ahiphana Asava, Mrig Madasava and limiting the alcohol contents and packing size of Mrit Sanjivini Sura and Mahadrakshasava was published on 2.12.92.

7.21.6 Notification of Government of India banning the use of tobacco in drugs of Indian System of Medicines has been ratified by Ayurvedic, Siddha, Unani Drugs Technical Advisory Board in Dec. 1992. Similarly Draft Notification issued abolishing the loan licensing system in Indian System of Medicines has also been approved by Ayurvedic, Siddha, Unani Drugs Technical Advisory Board in Dec. 1992.

7.21.7 The Ayurvedic, Siddha, Unani Drugs Technical Advisory Board at its meeting held in Dec. 1992 considered the book Rasatantra Sara Va Siddha Prayog Samgrah included in the first Schedule of Drugs and Cosmetics Act. 1940 and decided that the part of the book should be specified in the First Schedule as "Rasatantra Sara Va Siddha Prayoga Samgrah- Part I". Accordingly a draft has been sent for notification in the Gazette.

7.21.8 The Ayurvedic Pharmacopoeia of India Part-I, Vol.I containing 80 monographs on single drugs of vegetable origin has been published and it is proposed to give this book a legal status by incorporating it in the rules of Drugs & Cosmetics Act during this year.

7.21.9 Regional Drugs Testing Laboratories are proposed to be set up for testing Indian System of Medicines Drugs under Central Council for Research in Ayurveda and Siddha and Central Council for Research in Unani Medicine possibly by utilising their available infrastructure.

7.22 Pharmacopoeial Laboratory for Indian Medicine, Ghaziabad

7.22.1 The laboratory was established in the year 1970 as a standard - setting-cum-drug-testing laboratory for Indian Medicine including Ayurveda, Unani and Siddha System at the national level. Indian Systems of Medicine (ISM) are covered under the

purview of Drugs and Cosmetics Act, 1940. The worked out standards, in the form of monographs are published by the Ministry of Health and Family Welfare in Ayurvedic, Unani and Siddha Pharmacopoeia of India. The first volume of Ayurvedic Pharmacopoeia of India - Part I containing 80 monographs on single drugs has already been published. The work on the second part of Ayurvedic Pharmacopoeia is in progress.

7.22.2 During the year, the laboratory has worked out standards on 20 single drugs and 25 compound formulations, which have been submitted to the Ministry for finalisation by the Ayurvedic Pharmacopoeia Committee (APC). Pharmacopoeial work on single drugs of Unani medicine is under process for placing before the Unani Pharmacopoeia Committee.

7.22.3 Laboratory has preserved more than 2000 standard specimens of crude drugs in the Museum procured from different sources and by conducting collection tours in different regions of country.

7.22.4 An Advisory Committee for Pharmacopoeial Laboratory for Indian Medicine comprising of Prof. A.N. Namjoshi, Bombay, Dr. S.K. Mishra, Delhi and Miss S. Satakopan, Madras as Members, has been constituted and two meetings of this Committee were held at Ghaziabad and Bombay during the year.

7.22.5 Budget for the year 1993-94 in thousands

Plan	-	19500
Non-Plan	-	1700

7.23 Homoeopathic Pharmacopoeia Laboratory, Ghaziabad

7.23.1 Homoeopathic Pharmacopoeia Laboratory, Ghaziabad, is a high technology based standard setting-cum-drug testing laboratory for homoeopathic medicines at National Level. Homoeopathic medicines are covered under the purview of Drugs and Cosmetics Act, 1940. Worked out standards are released by the Ministry of Health & Family Welfare in the form of Homoeopathic Pharmacopoeia of India (HPL). Six volumes consisting of standards for 706 drugs and 150 finished products have been published. Homoeopathic Pharmacopoeia of India is included in the Second Schedule of Drugs and Cosmetics Act, 1940. In addition to above, standards of over 500 allied items and limit for alcohol contents of commonly used homoeopathic medicines have also been published. The laboratory has released recommendatory standards for 200 raw materials and commonly used finished products.

7.23.2 During the year, the laboratory completed fixation of standards for 29 basic drugs against a target of 25 and 20 finished product Standards against a target of 25. Drug testing of 211 survey samples against a target of 100. It undertook testing of samples referred by different States and Government Agencies. The laboratory maintains medicinal plants garden where rare and exotic medicinal plants are cultivated and preserved. A seed and germ plasm bank of rare and exotic plants is also functioning.

7.23.3 *Budget:* A provision of Rs. 65.00 lakh under Plan and Rs. 16.50 lakh under Non-Plan has been made during 1993-94.

7.24 Apex Bodies for Research

7.24.1 The four research councils, Viz. (i) Central Council for Research in Ayurveda and Siddha (CCRAS); (ii) Central Council for Research in Unani Medicine (CCRUM); (iii) Central Council for Research in Homoeopathy (CCRH); and (iv) Central Council for Research in Yoga and Naturopathy (CCRYN); continued to initiate, aid, guide, develop and coordinate scientific research in different aspects of the respective system both fundamental and allied. These Councils are the apex bodies for research in the concerned systems of medicine and are fully financed by the Government of India.

7.24.2 The Central Council for Research in Ayurveda and Siddha an autonomous body under Ministry of Health & Family Welfare, Government of India is an apex body in India for the formulation, coordination, development and promotion of research on scientific lines in Ayurveda and Siddha.

7.24.3 The Council carries out its functions through a net work of 85 Research Institutes/ Centres functioning under its direct control and through a number of Units/Enquiries located in Universities, Ayurveda/Siddha and Modern Medical Colleges, etc.

7.25 Clinical Research Programme

7.25.1 Clinical Conditions continued to be studied in Ayurveda during the reporting period include Amavata (rheumatoid arthritis), Paksvadha (hemiplegia), Grivastambha (Sopondilytis), Pangu (paraplegia), Kampavata (parkinson's disease), Gridhrasi (sciatica) Saisviyavata (poliomyetities), Amlapitta (hyperacidity), Parinamasula (duodenalulcer), Annadravasula (gastric ulcer), Pravahika (dysentery), Grahani Roga (malabsorption syndrome), Kamala (Jaundice), Bhagandar (Fistula-in-ano), Tamaka swasa (bronchial asthama), Swetapradara (leucorrhea), raktapradara (metrorrhagia), Madhumeha (diabetes mellitus), Mutra Kriccha (dysuria), Vyanbalvaishamya (hypertension), Hridroga (ischaemic heart disease), Slipada (filariasis), Visamajwara (malaria), Kitibha (psoriasis), Pama (seabies) Vicarcika (oozing eczema) and Arbudaviseseh (Cancer).

7.25.2 Clinical conditions under Siddha System of Medicine continued to be studied during the reporting period include Valliguanmam (peptic ulcer), Putrunoi (Cancer), Manjal Kamali (infective hepatitis), sandhivatha soolai (rheumatoid arthritis), Kalanjaga padai (psoriasis), Vellainoi (leucorrhea) Gunmam (intestinal disorders), Vellupunoi (anaemia), Venkuttam (leucoderma), Neerazivu (diabetes mellitus), Oothalnoi (obesity) and Karappannoi (skin diseases).

7.25.3 During the execution of this programme, medical aid to about 2.5 lakh of patients through Out-door Patient Departments and about 2000 patients at In-door Patient Departments functioning at different Institutes/Centres/Units of the Council have been provided.

7.25.4 *Health Care Research Programme:* Health Care Research Programme carried out by the Council include Service Oriented Survey and Surveillance Screening Programme, Community Health Care Research Programme and Tribal Health Care Research Programme. During the period under report a population of about 75,000 individuals pertaining to 80 villages including 30 tribal pockets have been covered under this programme and incidental medical aid provided to more than 30,000 patients.

7.25.5 *Drug Research Programme:* The Drug Research Programme consists of Medico-botanical Survey, Cultivation of Medicinal Plants, inter-disciplinary research programmes like Pharmacognostic, Chemical, Pharmacological and Toxicological studies besides Drug Standardisation Studies. Pharmacognostical Studies of 7 drugs, Chemical studies of 15 drugs and Pharmacological and Toxicological studies of 25 drugs used in Ayurveda and Siddha System of Medicine have been carried out during the reporting period. The Council is also maintaining a Musk Deer Breeding Farm at Mehrori in Kumaon Hills and there are 25 animals in this farm.

7.25.6 Drug standardisation research studies of about 80 single drugs, detailed standardisation studies of 15 formulations have been carried out besides laying preliminary analytical standards for 25 formulations used in Ayurveda and Siddha System of Medicine.

7.25.7 *Literary Research Programme:* In the field of revival and publication of ancient literature printing work of Astanga Sangraha - Part-I has been completed during the

reporting period. The Council is bringing out "Journal of Research in Ayurveda and Siddha", "Bulletin of Medico-Ethno-Botanical Research", "Bulletin of Indian Institute of History of Medicine" besides the 'News letter'.

7.25.8 *Family Welfare Research Programme:* Clinical screening and Pharmacological studies of the oral contraceptive agents are being carried out under this programme. About 250 new cases were studied besides old cases carried forward from the previous year for clinical evaluation of oral contraceptive agents like AYUSH-AC IV, K capsule, Pippalyadi Yoga, Neem Oil and Vandhyavari (Vicoa indica). Pharmacological studies on seven drugs have been carried out.

7.25.9 *Budget:* The budget allocation for the year 1993-94 is as under:

Plan	Rs.345.00 lakh
Non-Plan	Rs.597.00 lakh
Family Welfare	Rs. 17.50 lakh

7.26 Central Council for Research in Unani Medicine

7.26.1 The Central Council for Research in Unani Medicine continued its multifaceted research activities in the field of clinical research, drug research, literary research and survey and cultivation of medicinal plants, besides the Family Welfare Research Programme. These activities were continued through a network of 30 institutions/units.

7.26.2 *Clinical Research Programme:* The Clinical and therapeutic studies were continued on some common and chronic ailments with special emphasis on the diseases having National priority. The Council achieved promising results of clinical trials in the field of Bars (Vitiligo), Iltehsb-e-Tajaweef-e-Anf (sinusitis), Iltehsb-e-Kabid (Infective hepatitis), Nar-e-Farsi (Eczema) and Wajaul Mafasil (Rheumatoid Arthritis).

7.26.3 During the period under report the following important research activities are being continued.

7.26.4 The project on scientific interpretation of theory of Akhlat (Humors and Temperaments). A project on establishing the efficacy of cupping scientifically in cases of Rheumatoid Arthritis has also been studied and yielded promising results.

7.26.5 A pilot project on Amraz-e-Qalb (Hapercholesterolaemia). The drugs under trial showed significant effect in normalizing the cholesterol and tryglyceride levels.

7.26.5 (i) Further studies are in progress.

7.26.6 *General OPD Programmes:* To provide free medical treatment for common ailments through Unani Kit medicines to the patients attending the OPD's of the Institutes/Units so as to select cases of research problems under study, continued at 14 Centres of the Council. During the reporting period a total of 55425 cases of common ailments were attended at different centres.

7.26.7 *The Mobile Research Programme:* To meet the medical needs to common people specially, the Schedule Castes, Schedule Tribes and other under privileged sections of the population in the rural areas and urban slums the Council continued its activities through 15 mobile units attached to different institutes and units. During the reporting period a total of 30540 cases of common ailments were attended at different centres of the Council.

7.26.8 *School Health Programme:* 1050 School Children were screened and 640 children found suffering from various ailments were treated with Unani Kit Medicines.

7.26.9 *Drug Standardisation Research Programme:* Standardisation work on 10 single drugs and 8 compound formulations have been under taken during the reporting

period. Besides standardisation of 10 drugs of mineral origin and method of processing of eight compound formulations was also under taken.

7.26.10 *Survey and Cultivation of Medicinal Plants Programme:* During the surveys of different areas a total of 360 plants specimens were collected. Seventy eight folk-lore claims for various ailments were also collected from different tribal pockets.

7.26.11 240 Kg. of Aatrilal and about 100 kg. of other 18 Medicinal Plant products was produced form the Central Herb Garden.

7.26.12 *Literary Research Programme:* Translation, editing and compilation of rare Unani books/manuscripts were continued. Compilation of a booklet on Yarquan (Jaundice) was completed during the period under report.

7.26.13 *Family Welfare Research Programme:* Clinical screening of four oral Unani contraceptives were continued. During the reporting period 90 new cases were registered whereas 95 old cases continued from previous year bringing a total of 185 cases studied during the reporting period.

7.26.14 *Budget:* The budget allocation for the Council for the year 1993-94 is as follows:

Plan	100	lakh
Non-Plan	210	lakh
Family Welfare	4.5	lakh

7.27 Central Council for Research in Homoeopathy

7.27.1 The Central Council for Research in Homoeopathy is a premier organisation in the country engaged in systematic and scientific research in the field of Homoeopathy and was constituted on the 30th March, 1978 as an autonomous organisation under the Ministry of Health and Family Welfare.

7.27.2 It has during the years, established a network of 51 Institutes/Units located in the various parts of the country. The Council continued its research activities in the field of Clinical Research (including Tribal and Epidemics), Clinical Verification, Drug Proving, Drug Research and Standardisation including Survey and Collection of Medicinal Plants, Literary Research and Documentation (including publications).

7.27.3 Clinical Research studies have been divided into two parts viz. Disease related and Drug related. Thirtyseven (37) Clinical Research Projects are in progress at six research institutes, thirteen Clinical Research Units, one Clinical Research Unit (Tribal), Sambalpur (Orissa) and one Drugs Standardisation Unit. The project "Evaluation of Homoeopathic Drugs in Asymptomatic HIV Infection" is being studied in cooperation with Indian Council of Medical Research (ICMR) and is being undertaken at Regional Research Institute, Bombay and Clinical Research Unit, Madras.

7.27.4 *Clinical Research in Epidemics:* The treatment-cum-Research studies undertaken in the epidemic of Kala Azar at Muzaffarpur from March, 1991, has been concluded in May, 1993, due to decline in the number of cases. A total number of 159 cases were studied. They were prescribed homoeopathic medicines on the basis of the totality of symptoms and have shown good response.

7.27.5 Belladonna 200 (single dose) has been distributed as preventive for Encephalitis to 23,217 persons in the villages of remote areas under the Pipraich Primary Health Centre of District Gorakhpur, U.P. where repeated out breaks have been reported earlier.

7.27.6 *Clinical Research in Tribal Areas:* The Council has 22 Tribal Units in the different trial pockets of India. These units

have been assigned the Drug Related Clinical Research Projects on the diseases found prevalent in the tribal pockets.

7.27.7 *Clinical Verifications Research:* Clinical Verification of the pathogenesis in respect of 64 lesser known drugs (including 20 drugs proved by the Council) is being continued in (7) Institutes and units under the aegis of the Council. The symptoms of various drugs verified in large number of patients are picked up to indicate reliable indications of the drug, thus fulfilling the long felt need of confirming the scanty and scattered symptom-complexes of the lesser known drugs.

7.27.8 *Drug Proving Research Programme:* Drug Proving Research Programme is of continuous nature and is being undertaken at 5 Institutes/Units of the Council. So far 37 drugs have been proved by the Council. The data of 4 drugs alongwith clinically verified symptoms has been published in the form of Monographs and of 20 drugs in the quarterly Bulletin of the Council.

7.27.9 The proving of 2 drugs has been completed and of one drug is in progress during the period under report. The proving of two more new drugs will be taken up in the year 1993-94.

7.27.10 *Drug Research Studies:* The Drug Research Studies include drug standardisation (quality control). Survey and Collection of Medicinal Plants and advance research studies for potency estimation of homoeopathic potencies.

7.27.11 *Literary Research Programme:* Under the Literary Research Programme- "Review and Revision of Kent's Repertory, in relation to other works", compilation of homoeopathic therapeutics on rheumatic and other disorders of the joints and additions to Kent's Repertory from Boger Boenninghausen's Repertory are being carried out.

7.27.12 Under the project, Review and Revision of Kent's Repertory, the work on Chapters Mind, Ears and Respiratory has been completed and on chapter Nose and Generalities, and on chapter Mind under the project Additions to Kent's Repertory from Boger Boenninghausen's Repertory is in progress. The booklet on chapter Eye will be published in the year 1993-94, from time to time.

7.27.13 The Council continued the publication of two periodicals viz. Quarterly Bulletin and CCRH News. Vol. 15 of the Quarterly Bulletin and CCRH News No.20 will be published.

7.27.14 The manuscript of the monographs "Aegle Folia and Aegla Marmelos" have been finalised for printing.

7.27.15 *Budget:* The Budget Allocation for the Council for the year 1993-94 is as under:

Plan	Rs.135.00 lakh
Non-Plan	Rs.135.00 lakh

7.28 Central Council for Research in Yoga and Naturopathy

7.28.1 The Central Council for Research in Yoga and Naturopathy, New Delhi is a Society registered under the Societies Registration Act of 1860 with the object of providing assistance for conducting research in Yoga & Naturopathy. The Council has also undertaken the aspect of education and training.

7.28.2 The major activities of this Council are presently limited to giving grants-in-aid to voluntary Yoga and Nature Cure institutions and for running nature cure training programmes. The activities of the Council were reviewed and it has now been decided that the Council will take up new projects of setting up of propagation-cum-treatment centres, Patient Care centres and training courses. The Council proposed to

set up six propagation-cum-treatment centres (3 each in Yoga & Naturopathy), 20 patient care centres (10 each in Yoga & Naturopathy) and 1 training course in Yoga and Naturopathy besides conducting Seminars, Workshops and publication of books.

7.28.3 The Budget Allocation of the Council for the financial year 1993-94 is as under:

Plan	Rs. 30.00 lakh
Non-Plan	Rs. 8.50 lakh

7.29 Central Research Institute for Yoga (CRIY)

7.29.1 Central Research Institute for Yoga was established in 1976 with the main objective of conducting clinical, fundamental and literary research and to promote yoga with wider understanding, acceptance and application.

7.29.2 During 1993-94 (upto September, 1993), the Institute has got published/ communicated 9 research papers on various subjects of yoga. The collaborative work with Maulana Azad Medical College, New Delhi on diabetes mellitus and essential hypertension is in progress and data collected so far seems to elucidate the action of yoga on cellular metabolism.

7.29.3 The Institute proposes to conduct a study on 'Evaluation of Normative pattern of Biochemical, Haematological and Cardiovascular variables in Physically Active Indian Population'. This study will involve yoga training to a large group of security force personnels and assessment of yoga training on cardiovascular risk factors. A great deal of emphasis has been given to probe into the arena of subjective experimental fields as a result of administration of an integrated set of specific yogic technology in varieties of experiential situations involving patients as well as yoga aspirants, besides those jawans of para-military forces of SSB Group Centres of Delhi and Himachal Pradesh who were imparted yoga training.

7.29.4 The results of the study of regular yoga practices on subjective experimental feelings revealed that the regular yoga practisers tended to be less aggressive, anxious, depressed, nonchalant, sceptical, startled, egoistic but reached higher on the scores of concentration, social behaviour. Study of determining the effectiveness of yoga on asthmatic patients revealed that yoga tends to alleviate the symptoms of Broncho-constriction, Hyper-ventilation - hyperapnea, irritability, panic-fear sand fatigue etc. showing thereby the beneficial effect of yoga in scientific terminology.

7.29.5 The Institute proposes to complete 20 short-term research projects during the current year. During April to September, 1993, 36 indoor patients were treated for 30 days (Hospital with 10 bedded capacity) and out of them 32 had shown remarkable improvement.

7.29.6 Over 560 outdoor patients suffering from diabetes, hypertension, spondylitis, arthritis and various disorders had attended O.P.D. and were given yoga treatment. Total number of sadhaks who attended yoga classes was 2206 and total attendance was 17781.

7.29.7 The Institute also provided yoga training to 99 SSB personnels of all ranks at Dharampur, Solan, Himachal Pradesh, 40 SSB personnels at Ghitorni Centre, Delhi and 300 Jawans of Group Centre, SSB, Sapri, Distt. Kangra, Himachal Pradesh.

7.29.8 During the year 1993-94, the following budget provisions have been made by the Ministry of Health & Family Welfare.

Plan	10.00 lakh
Non-Plan	34.50 lakh

7.30 Jawaharlal Nehru Bhartiya Chikitsa Avum Homoeopathy Anusandhan Bhavan, Janak Puri, New Delhi

7.30.1 This building is coming up in the Institutional Area, Janak Puri, New Delhi, to house the Headquarters of the following research councils:-

1. Central Council for Research in Ayurveda and Siddha (CCRA&S);
2. Central Council for Research in Unani Medicine (CCRUM);
3. Central Council for Research in Homoeopathy (CCRH);
4. Central Council for Homoeopathy (CCH);
5. Central Council for Research in Yoga and Naturopathy (CCRY&N); and
6. Central Council for Indian Medicine (CCIM).

7.30.2 This building is located in an area of 2.09 acres and has a covered area of 115582 sq. feet (7 floors including basement). The cost of the land acquired for the construction of this building was Rs. 6.27 lakh. The foundation stone of this building was laid by the then Vice-President, Dr. Shankar Dayal Sharma, who is now the President of India.

7.30.3 The work of construction of this building is being looked by the Director, Central Council for Research in Ayurveda and Siddha, New Delhi. So far Rs. 545.08 lakh have been spent on the construction of the building which is almost completed. During 1993-94, there is a budget provision of Rs. 100 lakh against which Rs. 16.47 lakh have been utilised till September, 1993.

7.31 Development of Medicinal Plants

7.31.1 The increasing shortage of certain Medicinal Plant/Trees which provide raw material for preparation of ISM and Homoeopathy drugs has become a cause of concern. The Ministry of Health and Family Welfare have initiated certain steps to augment the availability of this raw material.

7.31.2 A Cell was set up in the Ministry to look into various aspects related to development of Medicinal Plants which are specifically required for preparation of drugs of ISM and Homoeopathy. The activities of this Cell include coordination with concerned Departments/Organisations for the development of Medicinal Plants. The attempt is to encourage cultivation and growth of Medicinal Plants under various government departments like Agriculture, Environment and Forests, Rural Development etc.

7.31.3 An inter-departmental meeting was organised on April, 7, 1993 under the Chairmanship of Shri Paban Singh Ghatowar, Dy. Minister for Health and Family Welfare to discuss inter-departmental/institutional arrangements and other related aspects for ensuring the better availability of raw material for medicines of plant origin.

7.31.4 As recommended in the above stated meeting, steps have been initiated for the following:

(i) Setting up of an Inter-Departmental Committee under the Chairmanship of Secretary, Ministry of Environment and Forests;

(ii) Setting up of herbal gardens in ISM & Homoeopathy teaching institutions;

(iii) Projection of demand of raw herbs for pharmaceutical industry in consultation with drug control authorities;

(iv) Proper involvement of States/UTs in this direction; and

(v) Conservation, cultivation and development of identified Medicinal Plants by concerned departments under their regular programmes/activities.

7.31.5 "Central Scheme for Development and Cultivation of Medicinal Plants", initiated by this Ministry in the year 1990-91, was further expanded. During the year 1992-93, Rs. 55 lakh were provided as financial assistance to 10 institutions. There is a provision of Rs. 100.00 lakh for this scheme in the current year and it is proposed to cover more institutions by providing central assistance for the purpose.

7.32. Indian Medicines Pharmaceutical Corporation Ltd., Mohan, Distt. Almora, Uttar Pradesh

7.32.1 Indian Medicines Pharmaceutical Corporation Limited, Mohan, Distt. Almora, Uttar Pradesh is a Public Sector Undertaking of the Ministry having their Registered Office and Factory at Mohan, Distt. Almora (a Valley in Kumaon Hills). This Public Sector Enterprise was established in July, 1978 and started its commercial production in June, 1983. The Authorised Share Capital is Rs. 100 lakh and paid up Share Capital is Rs. 79.40 lakh. Participation in the Equity Capital of the Corporation is in the ratio of 51:49 between the Government of India and the Government of Uttar Pradesh through Kumaon Mandal Vikas Nigam Ltd., Nainital.

7.32.2 The Corporation is engaged in manufacture and supply of pure, genuine and authentic Ayurvedic & Unani medicines.

7.32.3 The Corporation's profit in 1991-92 after Tax provision is Rs. 4.73 lakh. During 1992-93, the production and sale of the Corporation were Rs. 98.36 lakh and Rs. 144 lakh respectively (tentative). Upto September, 1993 the production and sale of the Corporation are Rs. 37.11 lakh and Rs. 41.61 lakh respectively.

FACILITIES FOR SCHEDULED CASTES AND SCHEDULED TRIBES UNDER SPECIAL COMPONENT PLAN FOR SCHEDULED CASTES AND TRIBAL SUB-PLAN

CHAPTER VIII

The Scheduled Castes and Scheduled Tribes constitute 16.48% and 8.08% respectively of the total population of the Country as per 1991 Census. The constitution provides for a comprehensive frame work for the socio-economic development of Scheduled Castes and Scheduled Tribes. Article 46 of the Constitution requires the State (both Central and State Govts.) to promote with special care the educational and economic interests of the weaker sections and in particular of Scheduled Castes and Schedule Tribes and to protect them from social injustice and all forms of exploitation.

8.1.2 A broad Strategy was evolved for Welfare and Development of Scheduled Castes and Scheduled Tribes and the concept of Tribal Sub-Plan and Special Component Plan for Scheduled Castes were adopted during V Plan and VI Plan respectively which have continued during VI, VII and VIII Five Year Plans and have been the main instrument for all round development and welfare of Scheduled Tribes and Scheduled Castes respectively.

8.1.3 The National Health Policy (1983) envisages according high priority to provide health services to those residing in the tribal, hilly and backward areas as well as to endemic diseases affected population and vulnerable sections of the society.

8.1.4 In order to remove the inbalance and provide better Health Care and Family Welfare Services to Scheduled Castes/Scheduled Tribes, the population coverage norms of establishment of rural infrastructure have been relaxed.

8.1.5 Accordingly, the Strategy adopted for meeting the health care needs of Scheduled Tribes and Scheduled Castes envisages the provision of preventive, promotive and curative services through a net work of Primary Health Centres, Sub-Centres, Community Health Centres, Rural Dispensaries and at villages level through Health Guides and trained Dais supported by

implementation of programme for the control of communicable diseases, undertaking of research in diseases of which Scheduled Tribes/Scheduled Castes are generally prone. The mobile dispensaries and camps organised wherever feasible, are catering to their needs at their door-steps.

8.2 Relaxation of Norms

8.2.1 *Primary Health Centres and Sub-Centres:* Keeping in view the far flung areas, forest land, hills and remote villages where the most of tribal habitations are concentrated, the population coverage norms have been relaxed to one Primary Health Centre for every 20,000 population and one Sub-Centre for every 3,000 population in hilly/tribal areas as against one PHC for 30,000 population and one Sub-Centre for 5,000 population in general rural areas. The States have been advised to set up at least 1.6% of the Sub-Centres in SCs Basties or villages having 20% or more Scheduled Castes population and 7.5% of their annual targets in Tribal areas.

8.2.2 The State Govt. have been advised to give further relaxation for setting up Sub-Centre/Primary Health Centre in the case of tribal hamlets and Scheduled Castes Basties which are 5 Kms. away from the available Health and Family Welfare delivery point.

8.2.3 Under the Minimum Needs Programme, 19678 Sub-Centres 3169 Primary Health Centres and 352 Community Health Centres have been established in tribal areas besides 1012 Allopathic Dispensaries, Similarly 16572 Sub-Centres, 5917 Primary Health Centres and 363 Community Health Centres have been established in SCs Basties/villages having 20% or more Scheduled Castes population besides 558 Allopathic Hospitals/Dispensaries.

8.2.4 The Central Government is providing 100% Central assistance to States/UTs to train dais (Traditional Birth Attendants) to improve their skill and to ascertain the safe anaseptic deliveries to reduce maternal and infant mortality rate in rural/tribal areas. A delivery kit is provided to them after completion of training. They are paid Rs. 3/- per delivery to replenish the kit, Majority of the dais trained belong to SC/ST community.

8.2.5 Revised guidelines for training of Dais have been issued to States. Training will be conducted for 6 working days and a per diem of Rs. 40/- will be paid to each Dai for 7 days besides Travelling Allowance. Training will be conducted in batches of 5-6 at health facility having 50-60 deliveries/month. Reporting fee of Rs. 10/- is being paid per delivery.

8.3 Schemes exclusively for Scheduled Castes/Scheduled Tribes

8.3.1 *Opening of Book Bank for Scheduled Castes & Scheduled Tribes:* Book Bank for Scheduled Caste & Scheduled Tribe Students have been set up in Central Institutions like PGIMER, Chandigarh, JIPMER, Pondicherry, A.I.I.M.S., New Delhi, Lady Hardinge Medical College, New Delhi etc.

8.3.2 *Project on Health Care for Primitive Tribal Group (PTG):* Among 258 Scheduled Tribe communities, 74 groups have been recognised as PTGs due to (i) their persuing pre-agricultural level of technology; (ii) having low literacy rate; and (iii) suffering from diminishing population or stagnant population growth.

8.3.3 As per the recommendation of the Working Group on Development and Welfare of Scheduled Tribes, the Ministry of Welfare has formulated a Scheme "Health Care for Primitive Tribal Groups (PTGs)" and emphasised to incorporate it in the States Annual Plans during VIII Five Year Plan. The Scheme with guidelines has been sent to all the concerned States/UTs to prepare and send to the Planning Commission for its approval to be incorperated in their State Plans.

PRIMARY HEALTH CARE CENTRES IN TRIBAL AREAS AS ON 31.03.1992

State/UT	Sub-Centres			PHCs			CHCs
	R	P	%	R	P	%	P
1	2	3	4	5	6	7	8
1. Andhra Pradesh	915	654	71.48	137	116	84.67	17
2. Assam	804	445	55.35	121	74	61.16	10
3. Bihar	3522	1824	51.79	489	208	42.54	19
4. Gujarat	2005	1632	81.40	294	183	62.24	27
5. Himachal Pradesh	66	97	146.96	10	15	150.00	7
6. Karnataka	2115	1850	87.47	317	307	96.84	29
7. Kerala	421	268	63.65	64	59	92.18	--
8. Madhya Pradesh	5393	4959	91.95	807	633	72.30	96
9. Maharashtra	1662	1603	96.45	265	265	100.00	49
10.Manipur	221	221	100.00	35	35	100.00	5
11.Orissa	2300	1485	64.57	354	349	98.59	25
12.Rajasthan	1336	934	69.91	200	162	81.00	24
13.Sikkim	10	19	190.00	1	3	300.00	--
14.Tamil Nadu	70	111	158.57	12	13	108.33	--
15.Tripura	200	245	122.50	30	22	73.33	5
16.Uttar Pradesh@	1381	1376	99.64	219	189	86.30	1
17.West Bengal	712	417	58.57	107	91	85.05	20
18.A&N Islands	30	28	98.33	4	3	75.00	1
19.Daman & Diu	17	14	82.35	2	1	50.00	-
20.Arunachal Pradesh*	190	236	124.21	24	32	133.33	6
21.Meghalaya*	447	235	52.57	67	45	67.16	3
22.Mizoram*	314	314	100.00	55	55	100.00	4
23.Nagaland*	418	213	50.96	63	65	103.17	3
24.D&N Haveli*	34	34	100.00	5	5	100.00	1
25.Lakshadweep*	17	14	82.35	2	7	350.00	--
Total	Z4600	19228	78.16	3684	2937	79.72	352

Note : PHCs : Primary Health Centres.
CHCs : Community Health Centres.
R : Required as per relaxed norms of establishment.
P : In position.
% : Percentage in position of the required Primary Health Care Services.
@ : Includes Hilly Sub-Plan Area.
* : Predominantly tribal inhabited State/UT figures are provisional.

8.4 Research and Other Programmes/ Schemes

8.4.1 Funds are provided by Central Government to Central Institute viz. ICMR, AIIMS etc. for conducting the research on typical health problems of Primitive Tribes, other Tribal Groups and Scheduled Castes to which they are generally prone.

8.5 Indian Council of Medical Research

8.5.1 Indian Council of Medical Research carries out research on the health problems of STs., diseases to which tribal people are prone etc. 5 Regional Medical Research Centres in the country, one each at Jabalpur (M.P.), Bhubaneshwar (Orissa), Jodhpur (Rajasthan), Dibrugarh (Assam) and Port Blair (A and N Islands) have been established for the purpose.

8.6 WHO/ICAR Sponsored Research Studies

8.6.1 The following four research studies on tribal population sponsored by WHO/ICAR have been carried out by Prof. Indira Chakravarty, Principal Investigator and Director Professor, Department of Biochemistry & Nutrition, All India Institute of Hygiene and Public Health, Calcutta.

8.6.1 (i) Impact of Nutrition and Health Education on the Nutritional and Health Status of Lodhas of West Bengal.

8.6.1 (ii) Impact of Sanitation and Clean Water Supply on the Nutritional and Health Status of some Tribals of West Bengal.

8.6.1 (iii) "Environmental Impact Assessment" effect on certain specific pesticides on Tribal Population of Varied Nutritional Status.

8.6.1 (iv) A Comparative Biochemical and Nutritional Study on Malnutrition and Child Mortality in certain Urban (Pavement Dwellers) and Tribal (Lodha, Mahali, Kora, Santhal and Munda) Areas.

8.7 Indian Systems of Medicine and Homoeopathy

8.7.1 The Central Council for Research in Homoeopathy, Ayurveda and Siddha and Unani Medicines are providing medicines, incidental curative services, besides conducting research on diseases which are most prominent amongst tribal population, their living conditions and propagate knowledge of oral hygiene, prevention of diseases and uses of common medicinal plants available in the area.

8.8 Centrally Sponsored Schemes Implemented by States/UTs

8.8.1 Under the Centrally Sponsored Schemes of Malaria and Leprosy Eradication, Filaria, Kala-Azar, Japanese Encephalitis, T.B. and Blindness Control, provisions are made for Tribal Sub-Plan and Special Component Plan for Scheduled Castes separately every year in order to ensure that these services are available to Scheduled Castes/Scheduled Tribes population.

8.9 Financial Implications

8.9.1 A provision of Rs. 34.68 crore has been made for Tribal Sub-Plan and Rs. 21.92 crore for Special Component Plan for the Welfare & Development of Scheduled Tribes & Scheduled Castes during the year 1993-94 in the Central Health Sector.

8.10 Scheduled Castes and Scheduled Tribes Cell

8.10.1 The Scheduled Castes and Scheduled Tribes Cell in the Ministry continued to look after the service-interests of the Scheduled Caste/Scheduled Tribe employees during 1993. This Cell assists the Liaison Officer in the Ministry in discharge of his duties in respect of matters relating to representation of Scheduled Castes and Scheduled Tribes in services in establishments under this Ministry. It circulated various instructions/orders received from the Department of Personnel and Training to the

peripheral units of the Ministry for their guidance and necessary compliance. It also collected various types of statistical data on the representation of Scheduled Castes and Scheduled Tribes from the subordinate offices of this Ministry as required by the Department of Personnel and Training and the Commissioner for Scheduled Castes and Scheduled Tribes. The Cell scrutinises cases where case for de-reservation of posts are moved. Advice is also rendered regarding reservation procedures and maintenance of rosters, to various sections and offices of the Ministry. Complaints/represen-tations from various associations and individuals regarding non-observation of the reservation policy and discrimination practices on grounds of social origin are dealt with in this Cell, thus keeping a close watch to ensure justice and equality to the Scheduled Caste and Scheduled Tribe employees.

8.10.2 During 1993, inspection of rosters was carried out in respect of local subordinate offices under control of the Ministry. The defects and procedural lapses thereof were brought to the notice of the officials. The salient aspects of the scheme of reservation were brought home. The practical difficulties in implementation of reservation orders and maintenance of rosters were clarified. Suggestions were made to streamline the maintenance of rosters in these Institutes.

8.10.3 A Special Recruitment Drive was launched during the year 1993 to remove the backlog vacancies reserved for SCs and STs. Special recruitment efforts were made during this drive to fill up the backlog vacancies in respect of the institutions/organisations under control of this Ministry. This Cell coordinates the recruitment efforts of the subordinate offices under control of this Ministry. Sincere efforts have been made to liquidate the backlog of SC & ST vacancies within a definite time frame.

8.10.4 Parliamentary Committee on the Welfare of Scheduled Castes and Scheduled Tribes, Reservation for employment of Scheduled Castes and Scheduled Tribes in Central Medical Institutes and Colleges including reservations in admissions for Scheduled Castes and Scheduled Tribes therein called information on Medical Institutions under this Ministry, which has been collected from the following Colleges/ Institutions and sent to Lok Sabha Secretariat for placement before the Committee.

i) Central Institute of Psychiatry, Ranchi;

ii) J.I.P.M.E.R., Pondicherry;

iii) All India Institute of Hygiene & Public Health, Calcutta;

iv) Lady Hardinge Medical College & Smt. S.K. Hospital, New Delhi;

v) All India Institute of Physical Medicine and Rehabilitation, Bombay;

vi) Post Graduate Institute of Medical Education & Research, Chandigarh;

vii) Mahatma Gandhi Institute of Medical Sciences, Wardha;

viii) National Institute of Mental Health & Neuro Sciences, Bangalore; and

ix) All India Institute of Medical Sciences, New Delhi.

8.10.5 The total number of employees and representation of SCs & STs in (i) the Central Health Service Cadre (the cadre controlled by the Ministry), and (ii) the Ministry, its attached and subordinate offices is detailed below:

REPRESENTATION OF SCs & STs AMONGST OTHERS ON 1.1.1993

Name of Cadre	*Total Employees*	*SC*	*ST*
i) Central Health Service (Group 'A' posts)	4,074	523	205
ii) Ministry, its attached and subordinate offices	29,862	9,786	1,736

USE OF HINDI IN OFFICIAL WORK

CHAPTER IX

The Ministry of Health and Family Welfare is actively involved in promoting the use of Hindi, the official language in office work.

9.1.2 A full fledged Hindi Division is functioning in the Ministry to supervise proper implementation of the official language policy in the Ministry and its attached and subordinate offices, autonomous bodies, statutory organisations and public sector undertakings etc.

9.2 Hindi Teaching Scheme

9.2.1 In the Ministry of Health and Family Welfare 96% officers/employees have acquired a working knowledge in Hindi and this Ministry has been notified under rule 10(4) of the OL Rules 1976. Efforts are being made to impart Hindi Training to remaining employees. Training of Stenographers/Typists in Hindi Stenography/Hindi Typewriting is being emphasized.

9.3 Implementation of Official Language Act, Rules made there-under and the Annual Programme

9.3.1 Implementation of the Annual Programme interalia is reviewed/monitored in the meetings of Official Language Implementation Committee and various inter personal contact programmes organised by the Director(OL)/Asstt. Director(OL). Sustained efforts are being made to achieve the targets fixed by the Department of Official Language in the Annual Programme for the year 1993-94. Almost the entire work relating to group 'D' employees is being done in Hindi. In compliance of section 3(3) of the Official Language Act, all administrative and other reports are being prepared bilingually i.e. in Hindi and English.

9.3.2 During the year 1992- 93 out of 23283 letters, 5359 letters were sent in Hindi to region 'A' & 'B'. Concerted efforts are being made for increasing the use of Hindi in the communications originally sent to region

'A' & 'B'. Inspections of 22 Sections in the Ministry was conducted by Director (OL) and Asstt. Director (OL) and the standard drafts used in the respective sections have been provided in bilingual version.

9.3.3 During the year 2 subordinate offices were notified under rule 10(4). In all 69 offices under the Ministry have been notified so far.

9.3.4 To assess the use of Hindi in the various offices under the Ministry, inspection is a continuing process. Inspection of 13 offices has been carried out and inspection of 15 more offices is likely to be conducted shortly.

9.4 Hindi Week

9.4.1 Hindi week was organised in the Ministry from 13.09.1993 to 17.09.1993. Employees were encouraged to do their work in Hindi during the week. Various competitions were organised in which a number of employees/officers participated and cash prizes were awarded to the winners. Hindi day/Hindi week was also organised in institutions under the Ministry.

9.4.2 A Hindi workshop was organised in the Ministry for the employees having working knowledge in Hindi from 6th to 9th July, 1993. Two more sessions of the Hindi workshop are proposed to be organised during the year.

9.5 *Mechanical* Aids

9.5.1 At present 63 Devnagari typewriters are available in the Ministry including electric/electronic typewriters. Steps are being taken to increase the number of Devnagari typewriters.

9.5.2 In the interest of better functioning of the Division efforts have been made/are being made to equip the Division with electronic equipments. Computers are also being provided to the Hindi Division.

9.6 Incentive Scheme

9.6.1 With a view to promoting the use of Hindi in noting and drafting in official work, the cash award scheme continued to operate during the year under report.

9.7 Promoting Writing of Books on Medical and Health Subjects

9.7.1 A scheme for encouraging the authors of (i) books translated into Hindi from foreign language (Excepting English);(ii) books translated from English and Indian Languages into Hindi and (iii) original books in Hindi on various Medical and Health subjects is being run by the Ministry of Health and Family Welfare with attractive awards.

INTERNATIONAL COOPERATION FOR HEALTH AND FAMILY WELFARE

CHAPTER X

Various International Organisations and the United Nations Agencies particularly WHO, continued to provide significant technical and material assistance for many Health and Family Welfare Programmes in the country: the status in this behalf is discussed in this Chapter.

10.2 World Health Organisation

10.2.1 The World Health Organisation (WHO) is the main UN Agency collaborating with this country in promoting and developing health care facilities. As a founder member, India makes regular annual contribution to WHO.

10.2.2 The WHO provides assistance to Member States on biennium basis through the following services:-

(i) Supplies and Equipments;

(ii) Training/Fellowships/Study Tours; and

(iii) Short-term Group Education Activities (Seminars / Workshops / Meetings / Conferences / Studies etc.).

10.2.3 The assistance from WHO is mainly used as seed money to generate health development activities and fill vital gaps in the National Health Programmes. During the biennium 1992-93, the assistance from WHO was US $ 13.76 million and it was used for as many as 45 projects. By the end of November, 1993 this assistance was obligated to the extent of 85% and 15% of it was in the pipeline, which was expected to be obligated by end of December, 1993.

10.3 Japanese Assistance

10.3.1 A programme for Medical Research and Education in the Sanjay Gandhi Post-Graduate Institute of Medical Sciences, Lucknow, is being implemented with Japanese assistance. The assistance has been

given in the form of equipment and service of Japanese experts to SGPGI, Lucknow.

10.4 Overseas Development Assistance (U.K.)

10.4.1 The Overseas Development Administration (ODA) U.K., is giving assistance for Human, Papillomavirus Infection and Cervical Cancer project, a collaborative project between Institute of Cytology and Preventive Oncology, New Delhi and St. Mary's College of Medical School of London, at an estimated cost of £ 263,210 during a period of three years; Haemoglobinopathy Control Project; collaboration between B.J.Wadia Hospital, Bombay and University College Hospital, London, involving an estimated cost of £ 435,200 during a three years period; Rotavirus Infection Research Project, between the two collaborating institutions viz. National Institute of Cholera and Enteric Diseases, Calcutta and East Birmingham Hospital, U.K. at an estimated cost of £ 89,658; Chlamydial Laboratory Project, a collaborative activity between Dr. R.P., Centre for Ophthalmology, All India Institute of Medical Sciences, New Delhi and Institute of Ophthalmology, London at an estimated cost of £ 494,293 for 3 years 1993-94 to 1995-96; Andhra Pradesh School Health Project at an estimated cost of 8 million; Viral Hapatitis Project, at an estimated amount of £ 324,778 and a Research Project on Characterisation of Genes and Gene Products of Mycobacterium Leprac Identified Using Sera from Leprosy Patients, a collaborative Programme between All India Institute of Medical Sciences, New Delhi and National Institute for Medical Research, The Ridgeway Hill, London for a period of three years.

10.5 World Bank

10.5.1 The World Bank is providing assistance for a comprehensive project for prevention and control of HIV infection (AIDS). The project has commenced with World Bank Assistance of $ 84 million; an agreement has been signed for financial assistance of $ 85 million over a period of six years to provide M.D.T. (Multi Drug Therapy) in the Districts where prevalence rate of leprosy is two or more per thousand population; financial assistance involving about $ 513 million for a period of seven years starting from 1993-94 is under advance consideration for the National Blindness Control Programme and a proposal for development of secondary level Hospitals in Andhra Pradesh at a cost of about Rs. 417 crore has been posed for World Bank assistance.

10.6 Danish International Development Agency (DANIDA)

10.6.1 DANIDA has been providing financial assistance in helping to develop service structure required for National Blindness Control Programme. The total assistance received during the second phase of the project is Rs. 22,245 crore. DANIDA is providing financial assistance in the form of grant-in-aid for MDT activities under the National Leprosy Eradication Programme. An amount of Rs. 3.5 crore have been received from DANIDA upto December, 1992.

10.7 Swedish International Development Agency (SIDA)

10.7.1 SIDA is providing financial assistance to the National Leprosy Eradication Programme since 1978 involving 24 million Swedish Kronar. SIDA is also assisting the National T.B. Control Programme since 1979. At present, the Third Agreement for the period from 1990-94 for an amount of US $ 7,095,706 is under implementation.

10.8. Norwegian Aid for International Development (NORAD)

10.8.1 A three year agreement (1990-91 to 1993-94) was signed with NORAD for receiving financial grant not exceeding NOK 10 million to support MDT activities.

10.9 Cultural Exchange Programme

10.9.1 Three delegations from the Govt. of Hungary, Mangolia and Seychelles visited India under Cultural Exchange Programme during this year.

10.10 Indo-Russian Agreement

10.10.1 A protocol on cooperation between India and the Russian Federation in Medical Sciences and Public Health was signed on 16th September, 1993 covering a period upto 31st December, 1994. This protocol envisages cooperation on various subjects relating to Health and also provides for exchange of Specialists from both the sides.

10.11 Port/Airport Health Organisation

10.11.1 Arrangement for Health clearance and Quarantine administration at the eight major ports and five International Airports in the country are made by the Central Government under the Indian Port Health Rules, 1955 and Aircraft (PH) Rules, 1954 which are based on the International Health Regulation 1969. In addition, a new Port Health Office has been commissioned at Jawaharlal Nehru Port, situated at New Bombay, at Halida Port. The objective of these Port and Airport Health Organisations is to prevent spread of communicable diseases, prevention of entry of Yellow Fever into the country through passengers coming from or transmitting through notified endemic countries. Arrangements also exist for health clearance of aircraft at Amritsar Raja Sansi Airport, Hyderabad, Trivandrum and Dabolim Airports. Similar arrangements are also made as and when necessary at Lucknow, Varanasi, Gaya, Nagpur, Ahmedabad, Agra, Pune, Bangalore and Andaman & Nicobar Island. Arrangements exist for health clearance of ships at various minor ports and special arrangements regarding health clearance of ships arriving at Tuticorin Port and Bangalore are also made with the help of State Government staff.

10.11.2 Deratting exemption certificates are being issued by all the eight International Ports in India viz. Bombay, Calcutta, Cochin, Kandla, Madras, Mandapam Camp, Marmagoa and Visakhapatnam. Deratting work is being carried out at Bombay, Calcutta, Madras and Cochin Ports.

10.11.3 Health checks have been established since 1976 at Attari in respect of India Pakistan Rail and Road Traffic.

10.11.4 No Vaccination Certificate, other than against Yellow Fever is required for entry into India.

10.12 Fellowship

10.12.1 The Ministry of Health and Family Welfare receives foreign assistance in the form of fellowships from World Health Organisation; Commonwealth Scholarship Commission, London; Overseas Development Administration, British Council Division, U.K. and other countries involved in the Colombo Plan. In addition, Japan, Thailand, Australia, Singapore and Bangladesh etc. also offer fellowship/training opportunities to our medical and para-medical personnel in their countries. Such assistance plays an important role in meeting training needs of our health personnel under various public health programmes and in exposing them to new technological developments taking place around the World. During the biennium 1992-93 this Ministry nominated 139 candidates for WHO fellowships. In 1993, 2 candidates have been selected by the Commonwealth Scholarship Commission for Commonwealth Senior Medical Fellowship and 22 candidates for Commonwealth Medical Fellowship. During this year, under Colombo Plan Fellowship Programme, 9 persons were nominated for training in Japan, 5 for AIDS training in UK, 23 officers for attending Maternal and Child Health Course under Colombo Plan Fellowship at the Liverpool School of Tropical Medicine, U.K. 4 persons from National Institute of Health and Family Welfare visited Liverpool School of Tropical Medicine for MCH training course. Under the Miscellaneous Fellowship

offers received from time to time during this year, 2 persons were nominated for training in Indonesia, 5 for Thailand and 1 for Croatia.

10.12.2 Since January, 1993, 193 WHO fellows from various countries visited India for attending training courses in various health institutions in this country. Apart from this, 54 foreigners visited India under various Health Programmes.

10.12.3 Since January, 1993, 94 medical personnel participated in International Conferences/Seminars/Symposia/Training Programme abroad. This offered an opportunity to Indian medical experts to acquaint themselves with the latest developments in the field of medicine and surgery in other countries of the world and to exchange views with their counterparts. In addition, 800 young doctors were granted No Objection Certificates this year to pursue higher studies in various medical fields in USA.

ANNEXURES

ANNEXURE-IV

SUBORDINATE OFFICES OF THE MINISTRY OF HEALTH AND FAMILY WELFARE

1. Director,
FWTRC, 332, S.V.P. Road,
Bombay-400 004.

2. Director,
Homoeopathic Pharmacopoeia
Laboratory, Central Govt.
Offices Complex
No.1, Kamla Nehru Nagar,
Ghaziabad-201 002.

3. Director,
Pharmacopoeia Laboratory for
Indian Medicine,
Central Govt. Offices Complex,
Kamla Nehru Nagar,
Ghaziabad-201 002.

LIST OF SUBORDINATE OFFICES OF DIRECTORATE GENERAL OF HEALTH SERVICES

1. Port Health Officer,
Port Health Organisation,
Pattan Swasthya Bhavan,
7, Mandil Road,
Behind Taj Mahal Hotel,
Bombay-400039.

2. Port Health Officer,
Port Health Organisation,
Marine House, Hastings,
Calcutta-700 022.

3. Port Health Officer,
Port Health Organisation,
Willingdon Island,
Cochin-682 033.

4. Port Health Officer,
Port Health Organisation.
Rajaji Road, Madras-600 001.

5. Port Health Officer,
Port Health Organisation,
Kandla, P.O. Kandla Port (Kutch)
330 210.

6. Port Health Officer,
Port Health Organisation,
Marmagoa, Goa-403 803.

7. Port Health Officer,
Port Health Organisation,
Vishakhapatnam-531 001.

8. Port Health Organisation,
Mandapam Camp P.O., Remand
Distt. (T.N.) 623519

9. Airport Health Officer,
Airport Health Organisation,
Sahar, Bombay-400 099.

10. Airport Health Officer,
Airport Health Organisation,
Madras-600 001.

11. Airport Health Officer,
Airport Health Organisation,
Dum-Dum, Calcutta Airport,
Calcutta-700 052.

12. Airport Health Officer,
Airport Health Organisation,
Delhi Airport, Palam,
New Delhi-110 010.

13. Airport and Border Quarantine
Health Officer,
150, Ranjit Avenue, Amritsar.

14. Airport Health Officer,
Airport Health Organisation,
Tiruchirapalli Airport,
Tiruchirapalli-620 007.

15. D.A.D.G (MS),
Govt. Medical Store Depot,
Bombay-400 008.

16. D.A.D.G. (MS),
Govt. Medical Store Depot,
9, Clyde Rev: P.O. Hastings,
Calcutta-700 022.

17. D.A.D.G. (MS),
Post Box No.8,
Govt. Medical Store Depot,
Karnal-132 001 (Haryana)

18. D.A.D.G. (MS),
Govt. Medical Store Depot,
No.37, Naval Hospital Road,
Madras-600 003.

19. D.A.D.G. (MS),
Govt. Medical Store Depot,
Hyderabad.

20. D.A.D.G. (MS),
Govt. Medical Store Depot
Post Box No.84, Guwahati-781

21. D.A.D.G. (Store),
Medical Stores Sub-Depot,
Qutab Enclave,
New Delhi.

22. Dy. Drugs Controller (I),
Central Drugs Standard Control
Organisation (West Zone),
C.G.H.S. Dispensary Building,
1st Floor, Antop Hill,
Bombay-400 037.

23. Dy. Drugs Controller (I),
(East Zone) CDSCO, C.G.O.
Building, Nizam Place (West),
234/4, Lower Circular Road,
Calcutta-700 020.

24. Dy. Drugs Controller (I),
Drugs Inspector Trg. Scheme,
C.G.H.S. Dispensary Building,
1st Floor, Antop Hill,
Bombay-400 037.

25. Asstt. Drugs Controller(I),
New Custom House,
Ballard Estate, Fort,
Bombay-400 038.

26. Asstt. Drugs Controller(I),
Custom House,
15/1, Starand Road,
Calcutta-700 001.

27. Asstt. Drugs Controller(I),
Room No.66, 2nd Floor,
Custom House,
Madras-600 001.

28. Dy. Drugs Controller(I),
Central Drugs Standard Control
Organisation, South Zone,
4, Azeez Mull, 7th St.,
Thousand Lights,
Madras-600 006.

29. Dy. Drugs Controller(I),
Central Drugs Standard Control
Organisation, North Zone,
Sagmen Wing 'A', 1st Floor,
C.G.O. Building, Kamla Nehru
Nagar (Central Govt. Enclave),
Hapur Road,
Ghaziabad-200 102.

30. Central Drugs Standard Control
Organisation, Custom House,
Cochin-682 003.

31. Director,
Central Drugs Lab.,
3, Ryd Street, Calcutta.

32. Director,
Central Indian Pharmacopoeia Lab,
Raj Nagar, Ghaziabad-201 002.

33. Director, Biological Laboratory
House Campus, G.H.S.D.,37, Naval
Hospital, Madras-600 003.

34. Asstt. Drugs Controller(I),
Nava-Sheva, SHEVA, P.O.
Uran, Distt.RAIGAD-400 707.

35. Asstt. Drugs Controller(I),
Indira Gandhi International
Airport, Air Cargo Terminal,
New Delhi.

36. Director,
Central Drugs Laboratory,
ESIS Hospital Building,
Wagle Industrial Estate,
(4th Floor) Jhans,Bombay.

37. Asstt. Drugs Controller (I),
Sub-Zonal Office,
Health and F.W.,C-2, B-80,
Mahanagar,
Lucknow-6.

38. Asstt. Drugs Controller (I),
Sub-Zonal Office, C/o Regional
Director, Health & F.W., Danara
House, Salimpur, Ahara,
Behind RBI,
Patna.

39. Director, JIPMER,
Dhanvantari Nagar,
Pondicherry-605 006.

40. Principal,
Lady Hardinge Medical College and
Smt. S.K. Hospital,
New Delhi.

41. Medical Supdt.,
Kalawati Saran Children Hospital,
New Delhi.

42. Superintendent,
Lady Reading Health School,
Bara Hindu Rao,
Delhi-110 006.

43. Principal,
Rajkumari Amrit Kaur College of
Nursing, Lajpat Nagar,
New Delhi-110 049.

44. Med. Supdt.,
Safdarjung Hospital,
New Delhi-110 016.

45. Med. Supdt.
Dr. Ram Manohar Lohia Hospital,
New Delhi-110 001.

46. Director,
M.I.I.P.M.R. Haji Ali Park,
Clerk Road, Mahalaxmi,
Bombay-400 034.

47. Serologist & Chemical Examiner
to the Govt. of India,
3, Lyd Street, Calcutta-700 016.

48. Director and Medical Supdt.,
Central Institute of Psychiatry,
P.O.Kanke,
Ranchi-834 006 (Bihar).

49. Central Food Lab.,
3, Kyd Street,
Calcutta-700 016.

50. Food Research & Standard Lab.
Navyug Market, Ghaziabad.

51. Director, C.R.I.
Kasauli-17 205 (HP).

52. Director, BCG Vaccine Lab.,
Guindy, Madras-600 032.

53. Director, NICD,
22, Sham Nath Marg,
Delhi-110 054.

54. Director, NMEP,
22, Sham Nath Marg,
Delhi-110 054.

55. Director,
AIIH & PH,
110, Chittaranjan Avenue,
Calcutta.

56. R.H.T.C. Najafgarh,
New Delhi.

57. Director,
C.L.T.R.I.
Tirumani, Chengalpattu-603 001
Tamil Nadu.

58. Director,
Regional Lep. Trg. & Research
Institute, Aska,
Distt. Ganjam (Orissa).

59. Director,
R.L.T.R.I.,
Lalpur, P.B.No.112. Raipur.

60. Director,
Reg. Lep. Trg. and Research
Institute, Gouripur,
Distt. Bankura,
West Bengal.

61. Director,
National Tuberculosis Instt.,
No.8, Ballary Road, Bangalore.

62. Model Vital and Health Statistics
Unit, Civil Corporation Office
Building, Civil Lane,
Nagpur-1.

63. Dy. Director (Central Zone),
CGHS, Delhi. 5th Floor C-Wing,
Nirman Bhavan, New Delhi.

64. Dy. Director,
CGHS, United India Building,
Sir Firoz Shah Mehta Road, Fort,
Bombay.

65. Dy. Director,
CGHS, 38, Bhavani Nagar,
Meerut City.

66. Dy. Director,
CGHS, 117/617, Pandu Nagar,
Kanpur.

67. Dy. Director,
CGHS, Q.No.1, Type-III,
Double Storey, CPWD,
Central Govt. Colony, Civil Lines,
Nagpur-440 002.

68. Dy. Director, CGHS,
7, Liddle Road, George Town,
Allahabad. (UP)

69. Dy. Director, CGHS,
8, Explanade East, 4th Floor,
Calcutta.

70. Dy. Director, CGHS,
C.I.T. Colony, 1st Cross Street,
Mylapore, Madras-600 004.

71. Dy. Director,CGHS,
Indu Bhavan,
Gandhi Nagar, Boring Road,
Patna-800 001.

72. Dy. Director, CGHS,
1-7/154-155, Bakaram,
Hyderabad-500 048.

73. Dy. Director, CGHS,
Ganesha Towers, 2nd Floor,
III Infantry Road,
Bangalore-560 001.

74. Dy. Director, CGHS,
Hotel Radha Krishna,
Near Railway Station,
Jaipur-202 006.

75. Dy. Director, CGHS,
Swasthya Sadan, Mukund Nagar,
2nd Floor, Pune.

76. Dy. Director, CGHS,
Shalimar Cooperative Housing
Society, Near Embassy Market,
Ashram Road,
Ahmedabad-380 009.

77. Dy. Director, CGHS,
232, Napiar Town,
Near Russel Chowk,
Jabalpur (M.P)

78. Dy. Director, CGHS,
9-A, Rana Pratap Marg,
Lucknow-226 001.

79. Dy. Director, CGHS,
Office of the Accountant General,
P.O. Hannu, Ranchi, (Bihar).

80. Dy. Director, CGHS,
A.G. Colony Unit.4,
Bhubaneshwar-751 001.

81. Regional Director,
Regional Office for Health and FW,
48/8, Hindustan Park,
Calcutta-700 029.

82. Regional Director,
Regional Office for Health and FW,
Danara House, Salimpur Ahara,
(Behind RBI), Patna-3.

83. Regional Director,
Regional Office for Health and FW,
C-2, B-80, Mahanagar,
Lucknow.

84. Regional Director,
Regional Office for Health and FW,
Kothi No.3281, Sector-21-D,
Chandigarh.

85. Regional Director,
Regional Office for Health and FW,
A.11/256/B.1, New Airport,
Prakash Nagar,
Hyderabad.

86. Regional Director,
Regional Office for Health and FW,
Anand Estate, Industrial Estate
Corner, Bapunagar,
Ahmedabad-380 024.

87. Regional Director,
Regional Office for Health and FW,
25, Ramanathan Street,
T. Nagar,
Madras-600 017.

88. Regional Director,
Regional Office for Health and FW,
Ripon Hospital Compound,
Shimla-171 001.

89. Regional Director,
Regional Office for Health and FW,
F-711, Prem Nagar (New Plot),
Jammu Tawi

90. Regional Director,
Regional Office for Health and FW,
140, Saheed Nagar,
Bhubaneshwar-751 007.

91. Regional Director,
Regional Office for Health and FW,
34/2, Parvati Darpan Building,
1st Floor, Shankar Nagar-II,
Pune-411 009.

92. Regional Director,
Regional Office for Health and FW,
Navanesthan Building,
TC.27/1460(i) Statue Road,
Chirakulam Lane,
Thiruvananthapuram.

93. Regional Director,
Regional Office for Health and FW,
Sangrilla Uripock Road,
Imphal-795 001.

94. Regional Director,
Regional Office for Health and FW,76
131/16, Maharana Pratap Nagar,
Bhopal-462 001.

95. Regional Director,
Regional Office for Health and FW,
101, Sree Sanidhi Railway Parallel Road,
Kumar Park West,
Bangalore-560 020.

96. Regional Director,
Regional Office for Health and FW,
K-10, Durga Das Path,
Malviya Marg, Jaipur

97. Regional Director,
Regional Office for Health and FW,
Felli-Velle, Lumsohpoh,
Shillong-793 014.7

ANNEXURE - VI

DEPARTMENT OF FAMILY WELFARE

List of Institutions/Voluntary Organisation which received Grant-in-aid from Department of Family Welfare for Rs.1.00 lakh to Rs. 5.00 lakh during the year 1993-94.(as on 31.12.1993)

S.No.	*Name of the Institutions*	*Amount*
1	*2*	*3*
1.	Rural Education and Development Society	4,16,268
2.	Institute of Economic Growth	4,03,000
3.	Women in Social Action, Midnapur	2,78,000
4.	Bombay Cityzen Council, Baroda	5,00,000
5.	Lucknow University, Lucknow	1,57,000
6.	Bhartiya Gramin Mahila Sangh, Indore	5,00,000
7.	Karunalaya Rural Community Hospital, T.Nadu	2,00,000
8.	Orrisa Institute of Medical Research and Health Service, Cuttack, Orissa.	2,48,000
9.	Institute of Social & Economic Change, Bangalore.	2,42,000
10.	Women in Social Action, Jhargaon	4,83,797
11.	K.E.M. Hospital, Pune	3,10,850
12.	Kamla Nehru Memorial Hospital, Allahabad	3,41,672
13..	Ghokhley Institute of Politics and Economics, Pune	2,07,000
14.	Parivar Medical Trust, Ahmed Nagar	2,37,240
15.	Jan Hitkari Chikitsalaya, Kanpur	2,40,500
16.	National Federation of Labour Cooperation Ltd., New Delhi.	2,71,401
17.	Indian Institute of Youth and Development Phulwari	2,40,000
18.	Sewadham Trust, Pune	3,27,716
19.	Jawahar Medical Foundation, Dhule, Maharashtra	3,39,527
20.	Population Research Centre, Sukhadia University, Udaipur, Rajasthan	3,00,000
21.	Jaipur Rural Health Development Trust, Jaipur	2,80,000
22.	J.B. Balheenararga Abhivrudhi Sangh,Cuddaph	4,20,400
23.	Apna-laya, Bombay	1,96,800
24.	National Institute of Motivational Development, Bombay	1,56,200
25.	Central Council for Research in Unani Medicine,-New Delhi.	1,50,000
26.	Principal, Health and F.W. Centre, Hyderabad	2,00,000
27.	Principal, Health and F.W. Centre, Guwahati	2,00,000
28.	Principal, Health and F.W. Centre, Hazari Bagh.	5,00,000

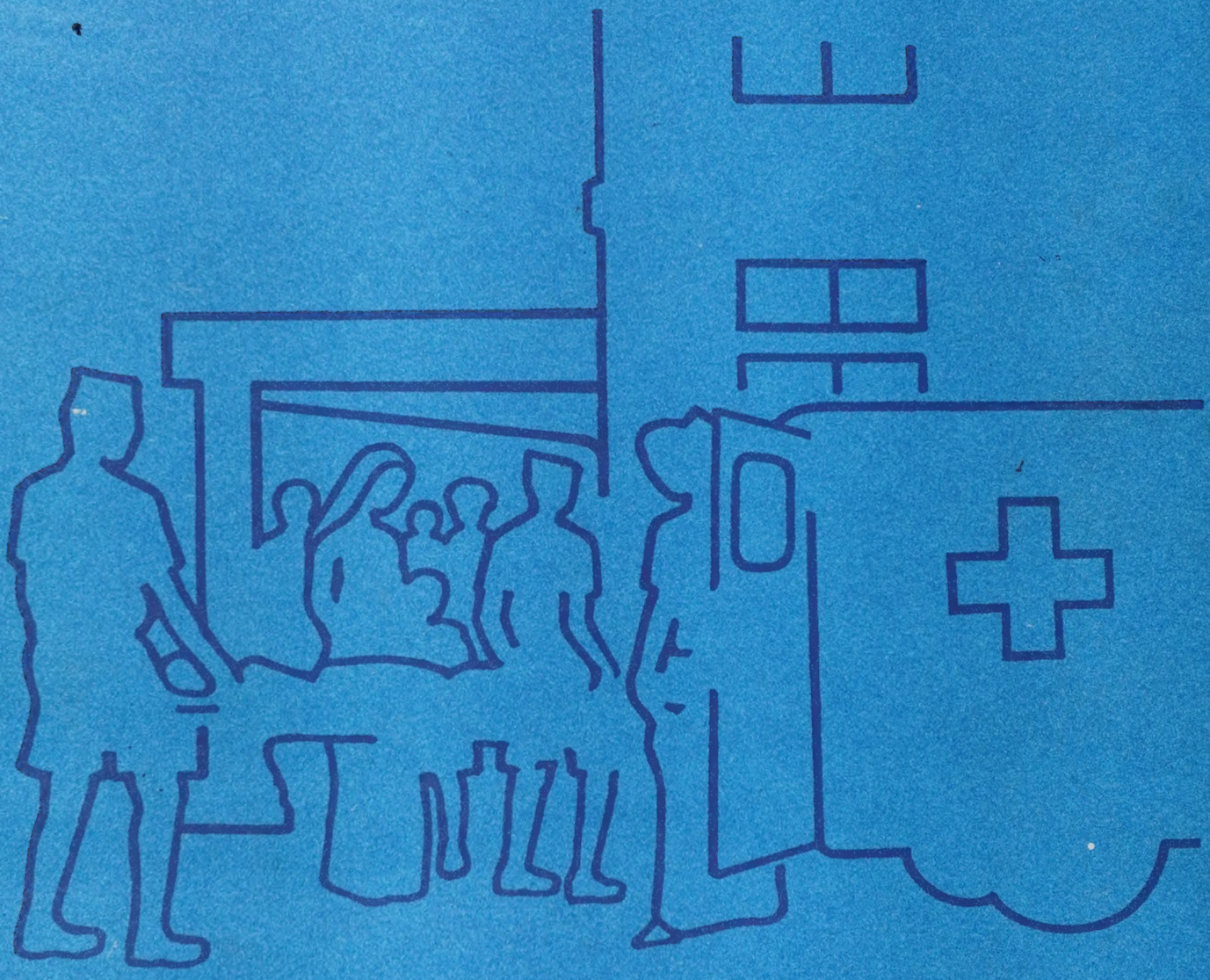
1	2	3
29.	Principal, Health and F.W. Centre,Ahmedabad	2,00,000
30.	Principal, Health and F.W. Centre,Rohtak	2,00,000
31.	Principal, Health and F.W. Centre,Trivandrum	2,00,000
32.	Principal, Health and F.W. Centre,Bangalore	2,00,000
33.	Principal, Health and F.W. Centre, Cuttack	2,00,000
34.	Principal, Health and F.W. Centre, Calcutta	2,00,000
35.	Principal, Health and F.W. Centre, Girhfwt (T.N.)	2,00,000
36.	Population Research Centre, Lucknow	3,96,000
37.	Shri Gopal Shiksha and Samaj Sewa Samiti, Morena	1,21,150
38.	Centre for Research Rural and Industrial Development, Chandigarh	2,15,700
39.	Dr. Ambedkar Dalita Varga Abbivirdhi Sangham, Cudapa	3,21,250
40.	Voluntary Health Association of Tripura	2,00,000
41.	Gauhati University, Guwahati	1,58,750
42.	Shri Shanti Niketan Shiksha Prachar Samiti, Morena	2,47,500

DEPARTMENT OF HEALTH

ANNEXURE - VII

List of Institutions/Voluntary Organisations which received Grant-in-aid from Department of Health from Rs. 1.00 lakh to Rs. 5.00 lakh during the year 1993-94 (as on 31-12-1993)

Sl. No.	*Name of the Institution/Voluntary Organisation*	*Station*	*Amount*
1	*2*	*3*	*4*
1.	National Institute of Naturopathy	Pune	5,00,000
2.	Medical Council of India	New Delhi	4,40,000
3.	Pharmacy Council of India	New Delhi	2,50,000
4.	Patel Charitable Trust	Gujarat	3,00,000
5.	Lady Hardinge & Medical	New Delhi	2,95,760
6.	J.H.C	Kanpur	1,00,000
7.	India Nursing Council	New Delhi	1,25,000
8.	Indian Nursing Council	New Delhi	2,50,000
9.	Marwari Relief Society	Calcutta	2,00,000
10.	Hindu Mission Hospital	Madras	1,71,067
11.	Hind Kusht Nivaran Sangh	Calcutta	1,17,901
12.	Hind Kusht Nivaran Sangh	Calcutta	1,17,442
13.	Sri Ayurved Mahavidyalaya	Nagpur	5,00,000
14.	Nav Jagrat Manav Samaj	Jamshedpur	1,47,478
15.	Indian Council for Medical	New Delhi	1,57,500
16.	Phildelphia Leprosy Hospital	Andhra(Salur)	2,04,120
17.	Netaji Subhash General Maternity Hospital	West Bengal	1,00,000
18.	Khairabad Eye Hospital	Kanpur	1,00,000
19.	Cancer Detection Society	New Delhi	5,00,000
20.	District Blindness Control	Karnataka	4,00,000
21.	Leprosy Mission Hospital	Vizianagaram	3,18,620
22.	Jahangir Memorial Charitable	Allahabad	2,57,235
23.	Bharat Sevashram	Bihar	2,57,235
24.	Rajendra Leprosy Research	Patna	2,08,012
25.	Gandhi Memorial Leprosy	Karnataka	1,33,245
26.	Gandhi Memorial Leprosy	Wardha	1,76,985
27.	SPSM, Madhupur	Bihar	1,91,085
28.	Kasturba Health Society	New Delhi	1,66,000
29.	Nithish Bharatiya Chikstya	Muzaffer	1,00,000
30.	Cancer Relief Society	Nagpur	1,00,000
31.	Anand Medical Foundation	Pune	2,00,000
32.	Provincialate Society of Sisters	Quilon	1,98,350
33.	Bharat Sevasram -	Bihar	2,18,962
34.	AIDS Prevention Society	Guwahati	1,55,760
35.	Galaxy Club	Imphal	1,15,900
36.	Bankura Leprosy Hospital	Bankura	2,40,855
37.	Lions Eye Bank	Bijapur	2,00,000
38.	I.N.C.	New Delhi	1,87,000



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